=> FILE MEDLINE

FILE 'MEDLINE' ENTERED AT 11:16:42 ON 13 JUL 1998

FILE LAST UPDATED: 8 JUL 1998 (19980708/UP). FILE COVERS 1966 TO DATE.

THE MEDLINE FILE WAS RELOADED FEBRUARY 15, 1998, TO REFLECT THE ANNUAL MESH (MEDICAL SUBJECT HEADING) CHANGES. ENTER HELP RLOAD FOR DETAILS.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> D QUE L29

L3	20368	SEA	FILE=MEDLINE ABB=ON	TETRACYCLINES+NT/CT
L4	11	SEA	FILE=MEDLINE ABB=ON	L3 AND SLOW(4A)RELEAS?
L6	16001	SEA	FILE=MEDLINE ABB=ON	DELAYED-ACTION PREPARATIONS+NT/CT
L7	210	SEA	FILE=MEDLINE ABB=ON	L3 AND L6
L8	4550	SEA	FILE=MEDLINE ABB=ON	ACNE VULGARIS+NT/CT
L9	41206	SEA	FILE=MEDLINE ABB=ON	DERMATITIS+NT/CT
L10	3	SEA	FILE=MEDLINE ABB=ON	(L4 OR L7) AND (L8 OR L9)
L11	7	SEA	FILE=MEDLINE ABB=ON	(L4 OR L7) AND AE/CT
L12	135546	SEA	FILE=MEDLINE ABB=ON	DOSE-RESPONSE RELATIONSHIP, DRUG+NT/CT
L13	373	SEA	FILE=MEDLINE ABB=ON	L3 AND L12
L14	2	SEA	FILE=MEDLINE ABB=ON	L13 AND VESTIBULAR
L15	10	SEA	FILE=MEDLINE ABB=ON	L13 AND (L8 OR L9)
L16	2109	SEA	FILE=MEDLINE ABB=ON	L3(L)AE/CT
L18	186	SEA	FILE=MEDLINE ABB=ON	L16 AND L8
L19	3112	SEA	FILE=MEDLINE ABB=ON	L3(L)AD/CT
L20	44	SEA	FILE=MEDLINE ABB=ON	L18 AND L19
L21	1	SEA	FILE=MEDLINE ABB=ON	L20 AND VESTIBULAR
L22	356	SEA	FILE=MEDLINE ABB=ON	L16 AND L19
L23	6	SEA	FILE=MEDLINE ABB=ON	L22 AND VESTIBULAR
L24	8062	SEA	FILE=MEDLINE ABB=ON	VESTIBULE+NT/CT
L25	2	SEA	FILE=MEDLINE ABB=ON	L22 AND L24
L26	25	SEA	FILE=MEDLINE ABB=ON	L3 AND L24
L27	0	SEA	FILE=MEDLINE ABB=ON	L26 AND (L8 OR L9)
L28	0	SEA	FILE=MEDLINE ABB=ON	L26 AND (L6 OR L12)
L29	27	SEA	FILE=MEDLINE ABB=ON	L10 OR L11 OR L14 OR L15 OR L21 OR L23 OR L25 OR L27 OR L28

=> FILE EMBASE

FILE 'EMBASE' ENTERED AT 11:17:00 ON 13 JUL 1998

FILE COVERS 1974 TO 9 Jul 1998 (19980709/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> D QUE L44

L30	28685	SEA	FILE=EMBASE ABB=ON	TETRACYCLINE+NT/CT
L31	5711	SEA	FILE=EMBASE ABB=ON	ACNE+NT/CT
L32	808	SEA	FILE=EMBASE ABB=ON	L30 AND L31
L33	0	SEA	FILE=EMBASE ABB=ON	L32 AND SLOW(4A)RELEAS?
L34	1	SEA	FILE=EMBASE ABB=ON	VESTIBUL? AND L32
L35	21091	SEA	FILE=EMBASE ABB=ON	VESTIBULAR DISORDER+NT/CT
L36	14	SEA	FILE=EMBASE ABB=ON	L32 AND L35
L40	11361	SEA	FILE=EMBASE ABB=ON	SUSTAINED RELEASE PREPARATION+NT/CT

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L41           1 SEA FILE=EMBASE ABB=ON  L32 AND L40
L42          15 SEA FILE=EMBASE ABB=ON  L33 OR L34 OR L36 OR L41
L43           0 SEA FILE=EMBASE ABB=ON  L30 AND L35 AND L40
L44          15 SEA FILE=EMBASE ABB=ON  L42 OR L43

=> FILE WPIDS

FILE 'WPIDS' ENTERED AT 11:17:11 ON 13 JUL 1998
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FILE LAST UPDATED: 09 JUL 1998              <19980709/UP>
>>>UPDATE WEEKS:
MOST RECENT DERWENT WEEK            199827   <199827/DW>
DERWENT WEEK FOR CHEMICAL CODING:   199822
DERWENT WEEK FOR POLYMER INDEXING:  199824
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
>>> D COST AND SET NOTICE DO NOT REFLECT SUBSCRIBER DISCOUNTS -
                                  SEE HELP COST FOR DETAILS <<<
>>> MEXICO NOW COVERED  - SEE NEWS <<<

=> D QUE L77

L45        1540 SEA FILE=WPIDS ABB=ON  TETRACYCLINE?
L46        2648 SEA FILE=WPIDS ABB=ON  ACNE
L47          28 SEA FILE=WPIDS ABB=ON  L45 AND L46
L49           3 SEA FILE=WPIDS ABB=ON  L47 AND RELEAS?
L50           0 SEA FILE=WPIDS ABB=ON  L45 AND VESTIBUL?
L52          68 SEA FILE=WPIDS ABB=ON  L45 AND RELEAS?(4A)(SLOW OR
                CONTROL? OR DELAY? OR SUSTAIN?)
L53           4 SEA FILE=WPIDS ABB=ON  L52 AND (DERMA? OR SKIN OR L46)
L54          25 SEA FILE=WPIDS ABB=ON  L52 AND ORAL?
L55           0 SEA FILE=WPIDS ABB=ON  ANTIBIOTIC? AND L46 AND VESTIBUL?

L60           0 SEA FILE=WPIDS ABB=ON  L54 AND ADVERSE
L61           1 SEA FILE=WPIDS ABB=ON  L53 AND L54
L64           4 SEA FILE=WPIDS ABB=ON  L49 OR L50 OR L55 OR L60 OR L61
L65          24 SEA FILE=WPIDS ABB=ON  L45(4A)ORAL?
L66           0 SEA FILE=WPIDS ABB=ON  L46 AND L65
L67           0 SEA FILE=WPIDS ABB=ON  L65 AND (DERMA? OR SKIN OR L46)
L68         345 SEA FILE=WPIDS ABB=ON  ORAL?(4A)ANTIBIOTIC?
L69           6 SEA FILE=WPIDS ABB=ON  L68 AND L46
L70          45 SEA FILE=WPIDS ABB=ON  (L65 OR L68) AND (RELEAS? OR
                DISSOLV?)
L71           0 SEA FILE=WPIDS ABB=ON  L70 AND (ADVERSE OR SIDE)(2W)EFFEC
                T?
L72           0 SEA FILE=WPIDS ABB=ON  L70 AND VESTIBUL?
L75           0 SEA FILE=WPIDS ABB=ON  L70 AND L46
L76           0 SEA FILE=WPIDS ABB=ON  L70 AND (SKIN OR DERMA?)
L77          10 SEA FILE=WPIDS ABB=ON  L64 OR L66 OR L67 OR L69 OR L71
                OR L72 OR L75 OR L76

=> FILE HCAPLUS

FILE 'HCAPLUS' ENTERED AT 11:17:23 ON 13 JUL 1998
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FILE COVERS 1967 - 13 Jul 1998  VOL 129 ISS 2
                          KATHLEEN FULLER  BT/LIBRARY 308-4290
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FILE LAST UPDATED: 13 Jul 1998 (980713/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

This file now supports REG1stRY for direct browsing and searching of all non-structural data from the REGISTRY file. Enter HELP FIRST for more information.

=> D QUE L96

```
L78        14015 SEA FILE=HCAPLUS ABB=ON  TETRACYCLINE?
L79           41 SEA FILE=HCAPLUS ABB=ON  L78(S)ACNE?
L81          143 SEA FILE=HCAPLUS ABB=ON  ANTIBIOTIC?(L)ACNE?
L83            1 SEA FILE=HCAPLUS ABB=ON  (L79 OR L81) AND VESTIBUL?
L85            1 SEA FILE=REGISTRY ABB=ON  MINOCYCLINE/CN
L86         1188 SEA FILE=HCAPLUS ABB=ON  L85
L87           28 SEA FILE=HCAPLUS ABB=ON  L86 AND ACNE
L93        17912 SEA FILE=HCAPLUS ABB=ON  (DOSE OR DOSAGE)(4A)ORAL?
L94            0 SEA FILE=HCAPLUS ABB=ON  L87 AND L93
L95            1 SEA FILE=HCAPLUS ABB=ON  L79 AND L93
L96            2 SEA FILE=HCAPLUS ABB=ON  L83 OR L94 OR L95
```

=> FILE BIOSIS

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FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 8 July 1998 (980708/ED)
CAS REGISTRY NUMBERS (R) LAST ADDED: 8 July 1998 (980708/UP)

=> D QUE L102

```
L97          401 SEA FILE=BIOSIS ABB=ON  (TETRACYCLINE? OR ANTIBIOTIC?)
                 AND ACNE
L98           92 SEA FILE=BIOSIS ABB=ON  L97 AND ORAL?
L100           1 SEA FILE=BIOSIS ABB=ON  L98 AND RELEAS?
L101           7 SEA FILE=BIOSIS ABB=ON  L98 AND SIDE EFFECTS/ST
L102           8 SEA FILE=BIOSIS ABB=ON  L100 OR L101
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=> DUP REM L29 L44 L77 L96 L102

FILE 'MEDLINE' ENTERED AT 11:17:57 ON 13 JUL 1998

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PROCESSING COMPLETED FOR L44

PROCESSING COMPLETED FOR L77
PROCESSING COMPLETED FOR L96
PROCESSING COMPLETED FOR L102
L103 59 DUP REM L29 L44 L77 L96 L102 (3 DUPLICATES REMOVED)

=> D L103 ALL 1-59

L103 ANSWER 1 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 97163058 EMBASE
TI Advances in dermatopharmacology - Strength and weakness of recently approved drugs (I).
AU Chang Y.-C.; Maibach H.I.
CS Dr. H.I. Maibach, Department of Dermatology, School of Medicine, University of California, Box 0989, San Francisco, CA 94143-0989, United States
SO International Journal of Clinical Pharmacology and Therapeutics, (1997) 35/5 (188-194).
Refs: 32
ISSN: 0946-1965 CODEN: ICTHEK
CY Germany, Federal Republic of
DT Journal
FS 013 Dermatology and Venereology
030 Pharmacology
039 Pharmacy
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB We review some of the recently FDA approved drugs in dermatology, including masoprocol cream (topical treatment of actinic keratoses on the head and neck), topical azelaic acid (for acne), and doxepin cream (topical antipruritic agent), with emphasis on the clinical trials and adverse effects.
CT EMTAGS: therapy (0160); iatrogenic disease (0300); pharmacokinetics (0194); microorganism (0724); mammal (0738); human (0888); nonhuman (0777); oral drug administration (0181); topical drug administration (0186); article (0060); adverse drug reaction (0198)
Medical Descriptors:
*skin disease: DT, drug therapy
drug use
dermatology
cream
actinic keratosis: DT, drug therapy
acne: DT, drug therapy
pruritus: DT, drug therapy
pruritus: SI, side effect
drug absorption
drug efficacy
erythema: SI, side effect
pain: SI, side effect
edema: SI, side effect
bleeding: SI, side effect
dry skin: SI, side effect
skin necrosis: SI, side effect
contact dermatitis: SI, side effect
skin allergy: SI, side effect
skin flora
antibacterial activity
drug blood level
atopic dermatitis: DT, drug therapy
drowsiness: SI, side effect
xerostomia: SI, side effect
headache: SI, side effect

fatigue: SI, side effect
vertigo: SI, side effect
taste disorder: SI, side effect
human
nonhuman
oral drug administration
topical drug administration
clinical trial
article
Drug Descriptors:
nordihydroguaiaretic acid: AE, adverse drug reaction
nordihydroguaiaretic acid: CT, clinical trial
nordihydroguaiaretic acid: AD, drug administration
nordihydroguaiaretic acid: DT, drug therapy
nordihydroguaiaretic acid: PR, pharmaceutics
nordihydroguaiaretic acid: PK, pharmacokinetics
nordihydroguaiaretic acid: PD, pharmacology
azelaic acid: AE, adverse drug reaction
azelaic acid: CT, clinical trial
azelaic acid: AD, drug administration
azelaic acid: DT, drug therapy
azelaic acid: PK, pharmacokinetics
azelaic acid: PD, pharmacology
doxepin: AE, adverse drug reaction
doxepin: CT, clinical trial
doxepin: CR, drug concentration
doxepin: DT, drug therapy
doxepin: PK, pharmacokinetics
doxepin: PD, pharmacology
free radical: EC, endogenous compound
fluorouracil: AE, adverse drug reaction
fluorouracil: CT, clinical trial
fluorouracil: DT, drug therapy
retinoic acid: CT, clinical trial
retinoic acid: DT, drug therapy
benzoyl peroxide: CT, clinical trial
benzoyl peroxide: DT, drug therapy
erythromycin: CT, clinical trial
erythromycin: DT, drug therapy
tetracycline: CT, clinical trial
tetracycline: DT, drug therapy
histamine receptor: EC, endogenous compound
RN (nordihydroguaiaretic acid) 500-38-9; (azelaic acid) 123-99-9; (doxepin) 1229-29-4, 1668-19-5; (fluorouracil) 51-21-8; (retinoic acid) 302-79-4; (benzoyl peroxide) 94-36-0; (erythromycin) 114-07-8, 70536-18-4; (tetracycline) 60-54-8, 64-75-5
CN Actinex; Masoprocol; Tretinoin

L103 ANSWER 2 OF 59 BIOSIS COPYRIGHT 1998 BIOSIS
AN 97:125268 BIOSIS
DN 99431771
TI Minocycline-induced intraoral pharmacogenic pigmentation: Case reports and review of the literature.
AU Westbury L W; Najera A
CS 515 E. Micheltorena, Suite E, Santa Barbara, CA 93103, USA
SO Journal of Periodontology 68 (1). 1997. 84-91. ISSN: 0022-3492
LA English
PR Biological Abstracts Vol. 103 Iss. 007 Ref. 103914
AB Minocycline, a semi-synthetic **tetracycline antibiotic**, is well documented as being associated with pharmacogenic pigmentation of various tissues in humans and other mammals. The most obvious of these are skin pigmentation, but intraorally include "green" roots of erupted teeth, "black" roots of extracted teeth, a dark stain of the crowns of fully developed teeth,

and "black" alveolar bone. This article presents five cases of "black" alveolar bone with photographic documentation of its progress. It also reviews the available English language literature on this phenomenon. The incidence of minocycline staining of alveolar bone is probably 2% of that population taking the drug for 2 months or longer. Presently, minocycline is most widely used in the young adult population for the treatment of **acne**. With the recent interest in minocycline as a palliative treatment for rheumatoid arthritis, an entirely different population could be experiencing this effect. If minocycline use becomes widespread as a treatment for rheumatoid arthritis, it is likely that more practitioners will be asked to diagnose this sometimes striking, though apparently benign, condition. Recognition of this condition will save the practitioner and the patient from unnecessary concern and surgery.

ST CASE REVIEW; HUMAN; ADOLESCENT; FEMALE; MIDDLE AGE; PATIENT; WHITE; MINOCYCLINE-INDUCED INTRAORAL PHARMACOGENIC PIGMENTATION; MINOCYCLINE; **ANTIBIOTIC; SIDE EFFECTS;** TOXICOLOGY; PHARMACOLOGY; DENTISTRY; CASE REPORTS; LITERATURE REVIEW; TOXICITY; DENTAL AND **ORAL** DISEASE

RN 10118-90-8 (MINOCYCLINE)

CC Biochemical Studies-General 10060
Dental and Oral Biology-Pathology *19006
Toxicology-Pharmacological Toxicology *22504
Chemotherapy-Antibacterial Agents *38504

BC Hominidae 86215

L103 ANSWER 3 OF 59 MEDLINE

AN 97471128 MEDLINE

DN 97471128

TI Comparison of serum antibiotic levels in acne patients receiving the standard or a modified release formulation of minocycline hydrochloride.

AU Gardner K J; Eady E A; Cove J H; Taylor J P; Cunliffe W J

CS Skin Research Centre, Department of Dermatology, General Infirmary at Leeds, UK.

SO CLINICAL AND EXPERIMENTAL DERMATOLOGY, (1997 Mar) 22 (2) 72-6. Journal code: DDU. ISSN: 0307-6938.

CY ENGLAND: United Kingdom

DT Journal; Article; (JOURNAL ARTICLE)

LA English

EM 199801

EW 19980104

AB Serum levels of minocycline hydrochloride were determined by bioassay in a total of 223 acne patients (123 male, 100 female) receiving either the recommended dose (100mg/day) or a high dose (200mg/day) of the standard preparation (101 patients) of a modified release formulation (132 patients). Sera were collected within 6 h of the morning dose 7-10 days after the start of treatment. Mean minocycline serum levels were consistently higher in females than in males, irrespective of dose or formulation. The differences only reached statistical significance ($P < 0.05$, Student's t-test) in the case of the standard preparation at a dose of 50 mg, b.d. Serum levels were increased significantly in both sexes at the higher dosage of each formulation ($P < 0.01$) but there was no significant difference between formulations at either dosage. Variation in serum concentrations was not accounted for by variation in body mass. Serum levels above the modal minimum inhibitory concentration (MIC) of minocycline for fully sensitive strains of Propionibacterium acnes I (0.125 micrograms/mL) were recorded in all patients. In contrast, serum levels equal to or greater than the modal MIC of minocycline for resistant propionibacteria (2 micrograms/mL) were recorded in only 17.9% of patients on the low dose standard preparation compared with 55.6% on the high dose standard preparation ($P < 0.001$, chi 2). Even in females on the high-dose

modified release formulation, 32.2% had serum levels below the modal MIC of minocycline for resistant strains. We conclude that, in terms of achievable serum levels over a short time period, there is no advantage of the modified release formulation over the standard preparation of minocycline. Whichever formulation is used, dose manipulation may be necessary to achieve maximum therapeutic benefit, especially in those individuals who are colonized by propionibacteria with reduced sensitivity to minocycline.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't
***Acne Vulgaris: BL, blood**
Acne Vulgaris: DT, drug therapy
*Antibiotics, Tetracycline: BL, blood
Antibiotics, Tetracycline: TU, therapeutic use
Body Mass Index
Delayed-Action Preparations
***Minocycline: BL, blood**
Minocycline: TU, therapeutic use
Sex Factors
RN 10118-90-8 (Minocycline)
CN 0 (Antibiotics, Tetracycline); 0 (Delayed-Action Preparations)

L103 ANSWER 4 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 96-353785 [35] WPIDS
DNC C96-111435
TI Sheet for topical application of, partic. incompatible, drugs to skin - by placing each on discrete areas of a sheet, used for **acne** treatment with peroxide and antibiotic, or for e.g. sunscreen or steroid(s).
DC B05 B07 D21
IN KLINE, R W; SMITH, J A
PA (CREA-N) CREATIVE PROD RESOURCE INC
CYC 1
PI US 5538732 A 960723 (9635)* 10 pp A61K007-48
ADT US 5538732 A US 94-226698 940412
PRAI US 94-226698 940412
IC ICM A61K007-48
AB US 5538732 A UPAB: 960905
Medicated sheet, for applying a plurality of dermatological agents (DAs) to the skin, comprising a base of one piece flexible absorbent sheet, contg. (a) a first area impregnated with first solid or semisolid compsn. contg. a first DA; and (b) a second area impregnated with second solid or semisolid compsn. contg. a second DA; in which (i) the first and second areas are distinct from one another on the base sheet; and (ii) the compsns. are both water soluble or water dispersible; so that the compsns. are both **released** from the sheet when it is contacted with water, to apply the agents simultaneously and co-extensively to the skin, is new.

USE - The sheet is used by moistening, either by contact with wet skin, or moistened by the user and applied immediately. The compsns. used for each must be anhydrous. Although useful for applying any combination of cosmetic and/or pharmaceutical agents to the skin, the sectored sheet is of partic. value for agents incompatible physically or chemically. Such a pair is that used for treatment of **acne**, with a peroxide, e.g. benzoyl peroxide (BPO), and an antibiotic, e.g., erythromycin, clindamycin, **tetracycline**, meclocycline, or their salts. Other skin disorders, for which incompatible agents may be used, are dermatitis, insect bites, nappy rash, sunburn, or other burns. Pairs for these include antibiotic or peroxide with a keratolytic agent, e.g., salicylic or azelaic acid or their mixts., retinoic acid and a moisturising agent to counteract the drying and scaling effects of the acid, and/or a sunscreen, both the above of value in

acne treatment; and steroids, esp. corticosteroids, with antihistamine, antifungal, antibiotic, and/or sunscreen agents, for treatment of other dermatoses, including chronic neurodermatitis, nummular or atopic dermatitis, psoriasis, eczema, poison plant rashes, insects bites, and rashes due to cosmetics, jewellery, or detergents. Other agents, which are added to the formulations, include emollient and film forming polymer types.

ADVANTAGE - The sheet eliminates the difficulties in dispensing incompatible drugs, including multiple packaging, risks of spillage in mixing, prompt use after mixing, and possibility of over- or under- dosing.

Dwg.1/3

FS CPI
FA AB; GI; DCN
MC CPI: B02-Z; B03-A; B10-A04; B10-C02; B10-C03; B12-M02D; B14-A04; B14-L09; B14-N17; B14-R01; B14-R05; D08-B09A

L103 ANSWER 5 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 96-200203 [20] WPIDS
DNC C96-063173
TI Topical **acne** cream - contg. clotrimazole, salicylic acid, betamethasone, binder and filler.
DC B01 B03 B05 D21
IN BENITEZ, J E
PA (BENI-I) BENITEZ J E
CYC 1
PI US 5505949 A 960409 (9620)* 12 pp A61K007-48
ADT US 5505949 A US 94-322691 941013
PRAI US 94-322691 941013
IC ICM A61K007-48
AB US 5505949 A UPAB: 960520

Topical **acne** cream comprises: (a) 0.1-99.8% clotrimazole (I); (b) 0.1-99.8% salicylic acid (II); (c) 0.1-99.8% betamethasone (III); (d) 0.1-99.7% binder comprising pectin, protein or chitin; (e) 0.1-99.7% filler comprising petroleum jelly, vegetable oil, animal oil or natural oil.

USE - The compsn. is used to treat skin disorders such as **acne** vulgaris, other acneiform dermal disorders, e.g. preadolescent **acne**, **acne** rosacea, premenstrual **acne**, **acne** venenata, **acne** cosmetica, pomade **acne**, **acne** detergicans, **acne** cosmetica, **acne** excoriee, gram negative **acne**, steroid **acne**, **acne** conglobata or nodulocystic **acne**. It may also be used for topical treatment of other types of acneiform dermal disorders, e.g. perioral dermatitis, seborrheic dermatitis in the presence of **acne**, gram negative folliculitis, sebaceous gland dysfunction, hiddradenitis suppurativa, pseudo-folliculitis barbae or folliculitis. The compsns. are keratolytic and bacteriostatic partic. towards Propionibacterium acnes. They are also antiseptic, bactericidal and antifungal and are active in the treatment and redn. in the number of cornedos. They are also used to treat cutaneous ulcers, warts and dyskeratinisation.

ADVANTAGE - The compsns. have improved anti-**acne** activity which are not irritating. The compsns. are stable and well tolerated without producing bacterial resistance. The compsn. avoids undesirable side effects encountered with prior art **oral antibiotics** such as diarrhoea, abdominal cramps, nausea, vomitting, drug eruptions, photosensitivity, blood dyscrasia (e.g. depression of red and white blood cell count), drug induced hepatitis (elevation of liver functions) and teratogenicity.

Dwg.0/2

FS CPI
FA AB; DCN

MC CPI: B01-B02; B04-B01C; B04-C02D; B04-C02E3; B04-N04; B07-D09; B12-M02F; B14-N17D; D08-B09A

L103 ANSWER 6 OF 59 MEDLINE DUPLICATE 1
AN 96297650 MEDLINE
DN 96297650
TI Safety of long-term high-dose minocycline in the treatment of acne.
AU Goulden V; Glass D; Cunliffe W J
CS Dermatology Department, General Infirmary at Leeds, U.K.
SO BRITISH JOURNAL OF DERMATOLOGY, (1996 Apr) 134 (4) 693-5.
Journal code: AW0. ISSN: 0007-0963.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199612
AB Minocycline is widely used as a second-line antimicrobial for acne vulgaris. Some patients require doses of up to 200 mg daily to control their acne. To assess the long-term safety of minocycline when used at higher doses, 700 patients treated with minocycline at doses of 100 mg daily, 100/200 mg on alternate days and 200 mg daily, were recruited. The mean duration of treatment was 10.5 months. Side-effects were monitored and full blood count, blood urea, electrolytes and liver function tests were carried out on 200 of the 700 patients. Side-effects were recorded in 13.6%, and included **vestibular** disturbance, candida infection, gastrointestinal disturbance, cutaneous symptoms (pigmentation, pruritus, photosensitive rash and urticaria) and benign intracranial hypertension. Pigmentation was the only side-effect found to be significantly increased in patients taking higher doses of minocycline, as compared with lower doses ($P < 0.01$). All patients with pigmentation had taken a total cumulative dose of over 70 g. No significant abnormalities were found in any of the haematological and biochemical profiles. We conclude that minocycline, at doses of up to 200 mg/day, is safe, long-term, for acne, when such doses are clinically necessary.
CT Check Tags: Female; Human; Male
***Acne Vulgaris: DT, drug therapy**
Adolescence
Adult
Antibiotics, Tetracycline: AD, administration & dosage
*Antibiotics, Tetracycline: AE, adverse effects
Dose-Response Relationship, Drug
Drug Administration Schedule
Middle Age
Minocycline: AD, administration & dosage
***Minocycline: AE, adverse effects**
RN 10118-90-8 (Minocycline)
CN 0 (Antibiotics, Tetracycline)

L103 ANSWER 7 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 96030753 EMBASE
TI Minocycline for acne.
AU Ferner R.E.; Moss C.
CS West Midlands Centre for Adverse, Drug Reaction Reporting, City Hospital, Birmingham B18 7QH, United Kingdom
SO British Medical Journal, (1996) 312/7024 (138).
ISSN: 0959-8146 CODEN: BMJOAE
CY United Kingdom
DT Journal
FS 013 Dermatology and Venereology
037 Drug Literature Index

038 Adverse Reactions Titles
LA English
CT EMTAGS: therapy (0160); sex difference (0040); infection (0310); pregnancy (0030); mammal (0738); human (0888); male (0041); female (0042); oral drug administration (0181); intravenous drug administration (0182); priority journal (0007); editorial (0003); adverse drug reaction (0198); iatrogenic disease (0300)
Medical Descriptors:
***acne: DT, drug therapy**
drug choice
drug efficacy
liver toxicity: SI, side effect
sex difference
systemic lupus erythematosus: SI, side effect
hepatitis: SI, side effect
loeffler pneumonia: SI, side effect
arthralgia: SI, side effect
hyperpigmentation: SI, side effect
vestibular disorder: SI, side effect
drug contraindication
pregnancy
intracranial hypertension: SI, side effect
human
male
female
oral drug administration
intravenous drug administration
priority journal
editorial
Drug Descriptors:
*minocycline: AE, adverse drug reaction
*minocycline: DO, drug dose
*minocycline: DT, drug therapy
oxytetracycline: DT, drug therapy
tetracycline: AE, adverse drug reaction
tetracycline: DT, drug therapy
antibiotic agent: AE, adverse drug reaction
antibiotic agent: DO, drug dose
antibiotic agent: DT, drug therapy
oxyphenisatine: AE, adverse drug reaction
nitrofurantoin: AE, adverse drug reaction
methyldopa: AE, adverse drug reaction
diclofenac: AE, adverse drug reaction
antinuclear antibody: EC, endogenous compound
RN (minocycline) 10118-90-8, 13614-98-7; (oxytetracycline) 2058-46-0, 79-57-2; (tetracycline) 60-54-8, 64-75-5; (oxyphenisatine) 125-13-3; (nitrofurantoin) 67-20-9; (methyldopa) 555-30-6; (diclofenac) 15307-79-6, 15307-86-5

L103 ANSWER 8 OF 59 MEDLINE
AN 95194893 MEDLINE
DN 95194893
TI Tetracycline phototoxicity [letter; comment].
CM Comment on: Br J Dermatol 1994 Mar;130(3):356-60
AU Smith E L; al Raddadi A; al Ghamdi F; Kutbi S
SO BRITISH JOURNAL OF DERMATOLOGY, (1995 Feb) 132 (2) 316-7.
Journal code: AW0. ISSN: 0007-0963.
CY ENGLAND: United Kingdom
DT Commentary
Letter
LA English
FS Priority Journals
EM 199506
CT Check Tags: Human

Acne Vulgaris: DT, drug therapy
Dose-Response Relationship, Drug
***Doxycycline: AE, adverse effects**
*Photosensitivity Disorders: CI, chemically induced
RN 564-25-0 (Doxycycline)

L103 ANSWER 9 OF 59 MEDLINE
AN 95311245 MEDLINE
DN 95311245
TI Minocycline in the treatment of rheumatoid arthritis: relationship of serum concentrations to efficacy [see comments].
CM Comment in: J Rheumatol 1996 May;23(5):948-50
AU Kloppenburg M; Mattie H; Douwes N; Dijkmans B A; Breedveld F C
CS Department of Rheumatology, University Hospital Leiden, The Netherlands.
SO JOURNAL OF RHEUMATOLOGY, (1995 Apr) 22 (4) 611-6.
Journal code: JWX. ISSN: 0315-162X.
CY Canada
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199509
AB OBJECTIVE. To assess the relationships between serum concentrations of minocycline and clinical efficacy and toxicity during the treatment of patients with rheumatoid arthritis (RA) with minocycline. METHODS. Forty patients with active RA were administered minocycline (maximal oral dose 100 mg twice a day) for 26 weeks. At 3 time points during the treatment, serum samples were collected for measurement of minocycline activity using a microbiological assay. An analysis of variance was performed to estimate an extrapolated concentration at time = 0 (C0) for each patient separately and this value of C0 was regarded to be proportional to the average serum concentration in each patient. The relation between C0 and clinical response and between C0 and the occurrence of adverse effects was evaluated. RESULTS. Minocycline was detected in 96 serum samples from 37 patients. Eighty-two percent of the variance in serum concentrations was accounted for by a model incorporating patient, dose, and time effects. A weak correlation between C0 and clinical response, as expressed by a Ritchie articular index and number of swollen joints, was demonstrated. No correlation was seen between C0 and toxicity, including gastrointestinal or **vestibular** adverse effects. CONCLUSION. Results suggest a relationship between the serum concentrations of minocycline and the clinical response, including Ritchie articular index and number of swollen joints, in the treatment of patients with RA. No relationship was seen between the serum concentrations of minocycline and its toxicity.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Aged
*Arthritis, Rheumatoid: DT, drug therapy
Dose-Response Relationship, Drug
Double-Blind Method
Middle Age
Minocycline: AE, adverse effects
Minocycline: BL, blood
***Minocycline: TU, therapeutic use**
Osmolar Concentration
Prospective Studies
Treatment Outcome
RN 10118-90-8 (Minocycline)

L103 ANSWER 10 OF 59 MEDLINE

AN 95276338 MEDLINE
DN 95276338
TI Minocycline for rheumatoid arthritis.
AU Kim N M; Freeman C D
CS Eli Lilly, Lilly Corporate Center, Indianapolis, IN, USA..
SO ANNALS OF PHARMACOTHERAPY, (1995 Feb) 29 (2) 186-7.
Journal code: BBX. ISSN: 1060-0280.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199509
AB Minocycline may prove to be a valuable agent in adjunctive treatment of RA. The use of minocycline is attractive because of its relatively benign adverse effect profile in common dosages, although **vestibular** toxicity has occurred frequently when doses of 400 mg/d have been used. Adverse effects that do occur usually subside after discontinuation of the drug. Currently, the studies available offer no definitive conclusion concerning the use of tetracyclines for this purpose. These trials do show promise, however, and suggest that larger, controlled, double-blind studies with prolonged use of minocycline in patients are needed for confirmation of its efficacy in RA.
CT Check Tags: Human
Administration, Oral
*Arthritis, Rheumatoid: DT, drug therapy
Clinical Trials
Minocycline: AD, administration & dosage
Minocycline: AE, adverse effects
*Minocycline: TU, therapeutic use
RN 10118-90-8 (Minocycline)

L103 ANSWER 11 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 95039969 EMBASE
TI Hormonal correlates of acne and hirsutism.
AU Lucky A.W.
CS Dermatology Research Associates, 7691 Five Mile Road, Cincinnati, OH 45230, United States
SO American Journal of Medicine, (1995) 98/1 A (89S-94S).
ISSN: 0002-9343 CODEN: AJMEAZ
CY United States
DT Journal
FS 003 Endocrinology
013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Acne is a multifactorial disorder reflecting the role of infection, abnormal keratinization and immunologic reaction, as well as hormonal influences, on the pilosebaceous unit. Clinical studies have correlated elevated levels of androgens, originating in both the adrenal glands and ovaries, with acne. These include total and free testosterone, .DELTA.4- androstenedione, dehydroepiandrosterone nd its sulfate, and low levels of sex hormone binding globulin. The pathogenesis of acne initiation in childhood has been linked to rising serum levels of dehydroepiandrosterone sulfate. Hirsutism has been more directly correlated with increased levels of serum androgens, notably free testosterone. Underlying causes of elevated androgens in both disorders include very rare tumors, partial or late-onset forms of congenital adrenal hyperplasia, developmental adrenal abnormalities and, most commonly, polycystic, ovary syndrome. Early acne treatment may include top- leal benzoyl peroxide, antibiotics, and tretinoin. More severe disease can be

treated systemically (with antibiotics and/or isotretinoin). Very-low-dose corticosteroids can be used to eliminate the adrenal component of hyperandorgenism. Oral contraceptives, especially those that contain low- androgenic progestins, can reduce excessive androgens from any source and specifically suppress the ovary in polycystic ovary syndrome. Gonadotropin- releasing hormone agonists, with or without estrogen supplementation, anti systemic or topical antiandrogens may play a more important role in the future.

CT EMTAGS: therapy (0160); etiology (0135); congenital disorder (0315); skin, hair, nails and sweat glands (0980); mammal (0738); human (0888); female (0042); subcutaneous drug administration (0183); topical drug administration (0186); priority journal (0007); conference paper (0061); adverse drug reaction (0198); iatrogenic disease (0300)

Medical Descriptors:

***acne: DT, drug therapy**
***acne: ET, etiology**
***acne: SI, side effect**
*hirsutism: DT, drug therapy
*hirsutism: ET, etiology
*hirsutism: SI, side effect
*hyperandrogenism: DT, drug therapy
ovary polycystic disease: DT, drug therapy
congenital adrenal hyperplasia: CN, congenital disorder
hair follicle
sebaceous gland
hormonal therapy
antibiotic therapy
corticosteroid therapy
drug formulation
hyperkalemia: SI, side effect
headache: SI, side effect
drowsiness: SI, side effect
vertigo: SI, side effect
menstruation disorder: SI, side effect
human
female
subcutaneous drug administration
topical drug administration
priority journal
conference paper

Drug Descriptors:

*testosterone: EC, endogenous compound
*prasterone: EC, endogenous compound
*prasterone sulfate: EC, endogenous compound
*androstenedione: EC, endogenous compound
*sex hormone binding globulin: EC, endogenous compound
*corticosteroid: DT, drug therapy
*oral contraceptive agent: DT, drug therapy
*gestagen: DT, drug therapy
*antibiotic agent: DT, drug therapy
*antiandrogen: DT, drug therapy
benzoyl peroxide: AD, drug administration
benzoyl peroxide: DT, drug therapy
retinoic acid: DT, drug therapy
isotretinoin: DT, drug therapy
gonadorelin agonist
estrogen
levonorgestrel: AE, adverse drug reaction
levonorgestrel: AD, drug administration
levonorgestrel: PR, pharmaceutics
cyproterone acetate
corticotropin
spironolactone: AE, adverse drug reaction

spironolactone: DT, drug therapy
flutamide
ketoconazole
estradiol: DT, drug therapy
etynodiol diacetate: DT, drug therapy
desogestrel
gestodene
norgestimate
clindamycin: AD, drug administration
clindamycin: DT, drug therapy
tetracycline: AD, drug administration
tetracycline: DT, drug therapy
azelaic acid: DT, drug therapy
unindexed drug
RN 58-22-0; 53-43-0; 651-48-9; 63-05-8; 26264-53-9; 94-36-0; 302-79-4; 4759-48-2; 797-63-7; 427-51-0; 9002-60-2; 9061-27-2; 52-01-7; 13311-84-7; 65277-42-1; 50-28-2; 297-76-7; 54024-22-5; 60282-87-3; 35189-28-7; 18323-44-9; 60-54-8; 64-75-5; 123-99-9
CN (1) Norplant
CO (1) Wyeth ayerst (United States)

L103 ANSWER 12 OF 59 BIOSIS COPYRIGHT 1998 BIOSIS
AN 95:123297 BIOSIS
DN 98137597
TI Hormonal correlates of **acne** and hirsutism.
AU Lucky A W
CS Dermatology Res. Associates, 7691 Five Mile Road, Cincinnati, OH 45230, USA
SO American Journal of Medicine 98 (1 PART A). 1995. 89S-94S. ISSN: 0002-9343
LA English
PR Biological Abstracts Vol. 099 Iss. 007 Ref. 094154
AB **Acne** is a multifactorial disorder reflecting the role of infection, abnormal keratinization and immunologic reaction, as well as hormonal influences, on the pilosebaceous unit. Clinical studies have correlated elevated levels of androgens, originating in both the adrenal glands and ovaries, with **acne**. These include total and free testosterone, DELTA-4-androstenedione, dehydroepiandrosterone and its sulfate, and low levels of sex hormone binding globulin. The pathogenesis of **acne** initiation in childhood has been linked to rising serum levels of dehydroepiandrosterone sulfate. Hirsutism has been more directly correlated with increased levels of serum androgens, notably free testosterone. Underlying causes of elevated androgens in both disorders include very rare tumors, partial or late-onset forms of congenital adrenal hyperplasia, developmental adrenal abnormalities and, most commonly, polycystic ovary syndrome. Early **acne** treatment may include topical benzoyl peroxide, **antibiotics** , and tretinoin. More severe disease can be treated systemically (with **antibiotics** and/or isotretinoin). Very-low-dose corticosteroids can be used to eliminate the adrenal component of hyperandrogenism. **Oral** contraceptives, especially those that contain low-androgenic progestins, can reduce excessive androgens from any source and specifically suppress the ovary in polycystic ovary syndrome. Gonadotropin-**releasing** hormone agonists, with or without estrogen supplementation, and systemic or topical antiandrogens may play a more important role in the future.
ST JOURNAL ARTICLE; HUMAN; WOMEN; ANDROGENS; POLYCYSTIC OVARY SYNDROME; HYPERANDROGENEMIA; THERAPEUTIC APPLICATIONS
CC Microscopy Techniques-Electron Microscopy 01058
Cytology and Cytochemistry-Human *02508
Genetics and Cytogenetics-Sex Differences *03510
Biochemical Methods-Sterols and Steroids *10057
Biochemical Studies-Sterols and Steroids 10067

Anatomy and Histology, General and Comparative-Microscopic and Ultramicroscopic Anatomy *11108
Pathology, General and Miscellaneous-Therapy 12512
Metabolism-Sterols and Steroids *13008
Metabolism-Metabolic Disorders *13020
Blood, Blood-Forming Organs and Body Fluids-Blood and Lymph Studies *15002
Reproductive System-Physiology and Biochemistry *16504
Reproductive System-Pathology *16506
Endocrine System-Gonads and Placenta *17006
Integumentary System-Pathology *18506
Pharmacology-Clinical Pharmacology 22005
Pharmacology-Endocrine System 22016
BC Hominidae 86215

L103 ANSWER 13 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 94-217562 [26] WPIDS
CR 93-295091 [37]; 93-344815 [43]; 95-199549 [26]; 96-019746 [02]; 96-475721 [47]
DNN N94-171858 DNC C94-098952
TI Co-application of different, esp incompatible agents to the skin - by having compsns on individual pads, used for peroxide and antibiotic in **acne**, drugs and emollients or film to retain drug.
DC A96 B05 B07 P34
IN MURPHY, B J; SMITH, J A
PA (CREA-N) CREATIVE PROD RESOURCE INC
CYC 20
PI WO 9413354 A1 940623 (9426)* EN 66 pp A61M035-00
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE
W: CA JP
US 5460620 A 951024 (9548) 19 pp A61M035-00
EP 746377 A1 961211 (9703) EN A61M035-00
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE
ADT WO 9413354 A1 WO 93-US11897 931207; US 5460620 A CIP of US 92-922887 920731, CIP of US 92-986597 921207, US 93-117444 930907; EP 746377 A1 WO 93-US11897 931207, EP 94-903523 931207
FDT US 5460620 A CIP of US 5242433; EP 746377 A1 Based on WO 9413354
PRAI US 93-117444 930907; US 92-986597 921207; US 92-922887 920731
REP US 3889804; US 4372098; US 4796751
IC ICM A61M035-00
AB WO 9413354 A UPAB: 971006
Method for applying (I) numerous dermatological agents, or (II) at least 2 phases of a film forming compsn. comprising a therapeutic agent, to the skin from 1 dispensing and applicator system (DAS), comprising: (a) providing a DAS consisting of: (i) a flexible, moisture impermeable support sheet; (ii) applicator pads affixed in a sepd. array on the surface of (i), with each pad impregnated with compsn. contg. a different dermatological agent (in I); or different phase of the film forming compsn. (in II), with phase 1 contg. a soln of a barrier polymer, phase 2 one or more emollient oils; and (iii) a flexible, moisture impermeable cover sheet, having its peripheral surface sealed **releasably** to (i), so at to form a compartment contg. the pads, which has a continuous seal, positioned inwardly from the sheet edges over a portion of the 2 surfaces so as to form 2 opposed flanges, and (i) and (iii) sealed together **releasably** between the pads, to divide the space into a number of subcompartments, each contg. a pad; (b) grasping and sepg. the flanges manually, so as to **release** (i) and (iii) at least partly, so that the pads are exposed; and (c) contacting the pads with the skin to **release** the pad compsns. sequentially or simultaneously.
USE - The device, is for application of normally incompatible agents to the skin together for combination therapy. Examples are in

treatment of **acne** with a peroxide (esp. benzoyl peroxide) or keratolytic salicylic acid on pad 1, and an antibiotic, including erythromycin, **tetracycline** and clindamycin (esp. clindamycin) on pad 2. Retinoic acid can also be used on pad 1, either for **acne**, with pad 2 contg. a sunscreen cpd. to protect the user from retinoic induced sensitivity to uv light and/or an emollient compsn. to counteract drying and scaling properties of the acid. These systems can also be used for sunscreen or skin moisturising.
Dwg.2/5
FS CPI GMPI
FA AB; GI; DCN
MC CPI: A12-V01; A12-V04C; B02-Z; B03-A; B04-B01C; B04-C02; B04-C03A; B04-C03B; B07-D03; B10-A04; B10-A10; B10-C03; B10-D03; B10-E04C; B12-M02D; B14-N17; B14-R01; B14-R05

L103 ANSWER 14 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 93-367912 [46] WPIDS
CR 92-331454 [40]; 95-177528 [23]
DNC C93-163293
TI Treatment of **acne** vulgaris in humans - by topical admin. of ampicillin or amoxycillin without side effects.
DC B02 D21
IN MARTIN, N F; ROBINSON, H N
PA (BLOO-I) BLOOM L; (TOWS-I) TOWSEND M S
CYC 1
PI US 5260292 A 931109 (9346)* 29 pp A61K031-43
ADT US 5260292 A CIP of US 91-664795 910305, US 92-883914 920512
PRAI US 92-883914 920512; US 91-664795 910305
IC ICM A61K031-43
AB US 5260292 A UPAB: 950626
Treatment of **acne** vulgaris in humans comprises admin. of a compsn. comprising an aminopenicillin antibiotic active ingredient (selected from ampicillin and amoxycillin) and a carrier including water and a water-miscible alcohol. The combined wt. of water and alcohol makes up 42.4-99.5% of the compsn. The compsn. is applied directly to affected tissues.
Also claimed are methods of treatment of **acne** vulgaris by admin. of the above compsn. (where the active agent is esp. ampicillin). In combination with a conventional topically anti-**acne** compsn. selected from benzoyl peroxide, sulphur, resorcinol, salicylic acid and tretinoin.
The amt. of carrier is 42.4-99.5 (esp. 73.8-99.5)% and is made up of water (9-95%), EtOH (35-98.5%) and iPrOH (4-80%).
USE/ADVANTAGE - The process may also be used to treat other acneform disorders such as steroid **acne**, **acne** cosmetica or gram negative **acne**, or other dermal disorders such as perioral dermatitis, folliculitis, sebaceous gland dysfunction, etc. The treatment avoids the undesirable side effects of currently available **oral antibiotics** for systemic treatment of **acne** and related disorders.
Dwg.0/0
Dwg.0/0
FS CPI
FA AB; DCN
MC CPI: B02-P02; B03-A; B05-C06; B10-A04; B10-C03; B10-E02; B12-A07; D08-B09A

L103 ANSWER 15 OF 59 MEDLINE
AN 94033685 MEDLINE
DN 94033685
TI Successful therapeutic regimens for treating Brucella melitensis and Brucella abortus infections in cows.
AU Radwan A I; Bekairi S I; al-Bokmy A M; Prasad P V; Mohamed O M;

Hussain S T
CS Animal Production and Health Section, National Agriculture and Water Research Centre, Ministry of Agriculture and Water, Riyadh, Saudi Arabia..
SO REVUE SCIENTIFIQUE ET TECHNIQUE, (1993 Sep) 12 (3) 909-22.
Journal code: A9R. ISSN: 0253-1933.
CY France
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199402
AB Three therapeutic regimens were evaluated in 121 cows naturally infected with Brucella melitensis or Brucella abortus, using a combination of long-acting oxytetracycline (LA-OTC), streptomycin (ST) and OTC-intramammary infusion (IMI). Cessation of shedding of Brucella in udder secretions and absence of Brucella in selected tissues were considered criteria for successful treatment. Regimen A (tested on 35 cows) consisted of LA-OTC 25 mg/kg administered intramuscularly (i.m.) every 3 days for 42 days, ST 25 mg/kg i.m. daily for 8 days, and OTC-IMI 20 ml/teat daily for 4 days. Regimen B (tested on 53 cows) was similar to regimen A, except that ST was administered every 2 days for 16 days and OTC-IMI every 2 days for 8 days. Both regimens were equally effective in eliminating Brucella organisms from all cows involved in the tests and no relapses were recorded. However, regimen C, which was similar to regimen A, except that ST was administered every 3 days for 24 days and OTC-IMI every 3 days for 12 days, resulted in the elimination of Brucella organisms from only 30 (91%) of 33 cows. Before commencement of the therapeutic regimens, B. melitensis biovar 1 or 2 had been repeatedly isolated from udder secretions of 103 cows and B. abortus biovar 1 from mammary secretions of 18 cows.
CT Check Tags: Animal; Female
Abortion, Veterinary: MI, microbiology
Abortion, Veterinary: PC, prevention & control
Agglutination Tests
Antibodies, Bacterial: BL, blood
*Brucella abortus
Brucella abortus: IM, immunology
Brucella abortus: IP, isolation & purification
*Brucella melitensis
Brucella melitensis: IM, immunology
Brucella melitensis: IP, isolation & purification
*Brucellosis, Bovine: DT, drug therapy
Cattle
Costs and Cost Analysis
Delayed-Action Preparations
Infusions, Parenteral: VE, veterinary
Injections, Intramuscular: VE, veterinary
Mammae: MI, microbiology
Oxytetracycline: AD, administration & dosage
Oxytetracycline: AE, adverse effects
***Oxytetracycline: TU, therapeutic use**
Pregnancy
Pregnancy Complications, Infectious: DT, drug therapy
Pregnancy Complications, Infectious: VE, veterinary
Reproduction
Streptomycin: AD, administration & dosage
Streptomycin: AE, adverse effects
*Streptomycin: TU, therapeutic use
RN 57-92-1 (Streptomycin); 79-57-2 (Oxytetracycline)
CN 0 (Antibodies, Bacterial); 0 (Delayed-Action Preparations)

L103 ANSWER 16 OF 59 MEDLINE
AN 94074167 MEDLINE

DN 94074167
TI Phototoxic eruptions due to doxycycline--a dose-related phenomenon.
AU Layton A M; Cunliffe W J
CS Leeds Foundation for Dermatological Research, General Infirmary, UK..
SO CLINICAL AND EXPERIMENTAL DERMATOLOGY, (1993 Sep) 18 (5) 425-7. Journal code: DDU. ISSN: 0307-6938.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
EM 199403
AB The tetracycline group of antibiotics still remains the most successful oral treatment for acne. They are relatively free from side-effects apart from the occasional gastrointestinal upset or vaginal candidosis. Rarer side-effects include drug rashes, pigmentation with minocycline and a light-sensitive eruption with doxycycline. The incidence of light-sensitive rashes with doxycycline at a dose of 100 mg daily, is in the order of 3%. Acne does not always respond to conventional regimens of antibiotics and higher dosages may be required. We report a highly significant incidence of light-sensitive eruptions in patients receiving doxycycline at a daily dose of 150 mg or above.
CT Check Tags: Human
Acne Vulgaris: DT, drug therapy
Adolescence
Adult
***Dermatitis, Phototoxic: ET, etiology**
Dose-Response Relationship, Drug
Doxycycline: AD, administration & dosage
***Doxycycline: AE, adverse effects**
***Drug Eruptions: ET, etiology**
Middle Age
RN 564-25-0 (Doxycycline)

L103 ANSWER 17 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 94059822 EMBASE
TI Treatment of acne vulgaris with oral tetracyclines.
AU Khanna N.
CS A64B Nizamuddin East, New Delhi - 110 013, India
SO INDIAN J. DERMATOL. VENEREOL. LEPROL., (1993) 59/2 (74-76). ISSN: 0378-6323 CODEN: IJDLDY
CY India
DT Journal
FS 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Forty four patients with moderately severe and severe acne were put on treatment with either tetracycline 1 g daily (21 patients) or minocycline 100 mg daily (23 patients). Patients were assessed at 6 and 12 weeks by calculating the reduction of the acne lesion score. At 6 weeks with minocycline 47.6% of the patients showed a good response, with tetracycline none of the patients showed a comparable resonse and the difference in the 2 therapeutic groups was statistically significant ($p<0.01$). However at 12 weeks the response of acne was comparable with the 2 drugs. With tetracycline 70.4% patients and with minocycline 69.6% patients showed a good to excellent response. Similarly, at 6 weeks the mean reduction in acne lesion score was significantly better with minocycline than with tetracycline, but at 12 weeks the response was comparable with the 2 drugs.
CT EMTAGS: therapy (0160); mammal (0738); human (0888); controlled study (0197); clinical article (0152); human experiment (0104); male

(0041); female (0042); adolescent (0017); adult (0018); oral drug administration (0181); article (0060); adverse drug reaction (0198); iatrogenic disease (0300)
Medical Descriptors:
***acne vulgaris: DT, drug therapy**
photosensitivity: SI, side effect
vertigo: SI, side effect
headache: SI, side effect
hyperpigmentation: SI, side effect
human
controlled study
clinical article
clinical trial
male
female
adolescent
adult
oral drug administration
article
Drug Descriptors:
***tetracycline: DT, drug therapy**
***tetracycline: AE, adverse drug reaction**
*minocycline: DT, drug therapy
*minocycline: AE, adverse drug reaction
RN 60-54-8; 64-75-5; 10118-90-8; 13614-98-7

L103 ANSWER 18 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 93183445 EMBASE
TI Recognizing and managing rosacea.
AU Wilkin J.K.
SO DRUG THER., (1993) 23/6 (41-49).
ISSN: 0001-7094 CODEN: DRTHE2
CY United States
DT Journal
FS 010 Obstetrics and Gynecology
013 Dermatology and Venereology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Rosacea, an inflammatory skin disease often seen in middle age, may be misdiagnosed as a late variety of acne. Yet as millions of baby boomers mature, rosacea will become even more common. The diagnosis is usually simple, with characteristic signs and symptoms. Antibiotic treatment is effective, as are lifestyle modifications. Concurrent control of menopausal or emotional flushing also benefits the rosacea patient. The physician should be able to recognize and confidently manage rosacea and not allow it to progress to the stage of rhinophyma, the bulbous red nose of neglected disease. By that point, oral tetracycline and topical metronidazole (MetroGel) are no longer effective.
CT EMTAGS: diagnosis (0140); therapy (0160); etiology (0135); age (0020); infection (0310); mammal (0738); human (0888); female (0042); oral drug administration (0181); topical drug administration (0186); transdermal drug administration (0285); article (0060); adverse drug reaction (0198); iatrogenic disease (0300)
Medical Descriptors:
*rosacea: DI, diagnosis
*rosacea: DT, drug therapy
*rosacea: ET, etiology
*rosacea: SI, side effect
differential diagnosis
acne

food
exercise
menopause
flushing
peptic ulcer: DT, drug therapy
vertigo: SI, side effect
phototoxicity: SI, side effect
gram negative infection: DT, drug therapy
hot flush: DT, drug therapy
hot flush: ET, etiology
human
female
oral drug administration
topical drug administration
transdermal drug administration
article
Drug Descriptors:
*metronidazole: AD, drug administration
*metronidazole: CB, drug combination
*metronidazole: DO, drug dose
*metronidazole: DT, drug therapy
***tetracycline: AD, drug administration**
***tetracycline: CB, drug combination**
***tetracycline: DO, drug dose**
***tetracycline: DT, drug therapy**
*clonidine: AD, drug administration
*clonidine: DO, drug dose
*clonidine: DT, drug therapy
cosmetic: AE, adverse drug reaction
vasodilator agent: AE, adverse drug reaction
corticosteroid: AE, adverse drug reaction
corticosteroid: AD, drug administration
corticosteroid: DT, drug therapy
acetone: AE, adverse drug reaction
sorbic acid: AE, adverse drug reaction
erythromycin: AD, drug administration
erythromycin: DT, drug therapy
ampicillin: DT, drug therapy
chloramphenicol: DT, drug therapy
minocycline: AE, adverse drug reaction
minocycline: DO, drug dose
minocycline: DT, drug therapy
doxycycline: AE, adverse drug reaction
doxycycline: DT, drug therapy
cotrimoxazole: AD, drug administration
cotrimoxazole: CB, drug combination
cotrimoxazole: DT, drug therapy
dapsone: DT, drug therapy
isotretinoin: DT, drug therapy
amoxicillin: CB, drug combination
amoxicillin: DO, drug dose
amoxicillin: DT, drug therapy
bismuth salicylate: CB, drug combination
bismuth salicylate: DT, drug therapy
clindamycin: AD, drug administration
clindamycin: DT, drug therapy
bellergal: DO, drug dose
bellergal: DT, drug therapy
nadolol
bismatrol
unclassified drug
RN 443-48-1; 60-54-8; 64-75-5; 4205-90-7; 4205-91-8; 57066-25-8; 67-64-1; 110-44-1; 22500-92-1; 114-07-8; 70536-18-4; 69-52-3; 69-53-4; 7177-48-2; 74083-13-9; 94586-58-0; 56-75-7; 134-90-7;

2787-09-9; 10118-90-8; 13614-98-7; 564-25-0; 10592-13-9; 17086-28-1; 8064-90-2; 80-08-0; 4759-48-2; 26787-78-0; 61336-70-7; 7460-14-2; 14882-18-9; 71156-53-1; 18323-44-9; 57657-51-9; 42200-33-9
CN Bismatrol; Peptobismol; Chloromycetin; Cleocin t; Catapres; Vibramycin; Accutane; Flagyl; Protostat; Metro iv; Metrogel; Minocin; Corgard

L103 ANSWER 19 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 92118268 EMBASE
TI Tetracyclines, molecular and clinical aspects.
AU Chopra I.; Hawkey P.M.; Hinton M.
CS Smithkline Beecham Pharmaceut, Brockham Park, Betchworth, Surrey R113 7AJ, United Kingdom
SO J. ANTIMICROB. CHEMOTHER., (1992) 29/3 (245-277).
ISSN: 0305-7453 CODEN: JACHDX
CY United Kingdom
DT Journal
FS 004 Microbiology
029 Clinical Biochemistry
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
CT EMTAGS: infection (0310); therapy (0160); bacterium (0762); mammal (0738); human (0888); nonhuman (0777); priority journal (0007); review (0001); adverse drug reaction (0198); iatrogenic disease (0300)
Medical Descriptors:
*clinical feature
*antibiotic resistance
*molecular biology
*veterinary medicine
*drug mechanism
*urogenital tract infection: DT, drug therapy
*respiratory tract infection: DT, drug therapy
gram negative bacterium
gram positive bacterium
chemical structure
bacterial growth
bacterial overgrowth
growth inhibition
protein synthesis inhibition
bactericidal activity
membrane transport
cell membrane
structural gene
repressor gene
sequence homology
acne vulgaris: DT, drug therapy
conjunctivitis: DT, drug therapy
tooth color: SI, side effect
bone growth
nephrotoxicity: SI, side effect
phototoxicity: SI, side effect
intracranial hypertension: SI, side effect
vertigo: SI, side effect
nausea: SI, side effect
human
nonhuman
priority journal
review
Drug Descriptors:
***tetracycline: AE, adverse drug reaction**
***tetracycline: DT, drug therapy**

***tetracycline: PD, pharmacology**
chlortetracycline: AE, adverse drug reaction
chlortetracycline: DT, drug therapy
chlortetracycline: PD, pharmacology
oxytetracycline: AE, adverse drug reaction
oxytetracycline: DT, drug therapy
oxytetracycline: PD, pharmacology
demeclocycline: AE, adverse drug reaction
demeclocycline: DT, drug therapy
demeclocycline: PD, pharmacology
antiinfective agent: AE, adverse drug reaction
antiinfective agent: DT, drug therapy
antiinfective agent: PD, pharmacology
metacycline: AE, adverse drug reaction
metacycline: DT, drug therapy
metacycline: PD, pharmacology
doxycycline: AE, adverse drug reaction
doxycycline: DT, drug therapy
doxycycline: PD, pharmacology
minocycline: AE, adverse drug reaction
minocycline: DT, drug therapy
minocycline: PD, pharmacology
anhydrotetracycline: AE, adverse drug reaction
anhydrotetracycline: DT, drug therapy
anhydrotetracycline: PD, pharmacology
tetracycline derivative: AE, adverse drug reaction
tetracycline derivative: IT, drug interaction
tetracycline derivative: PD, pharmacology
ribosome protein
anhydroepitetracycline: PD, pharmacology
clindamycin: AD, drug administration
clindamycin: DT, drug therapy
cotrimoxazole: DT, drug therapy
cephalosporin
6 thiatetracycline: PD, pharmacology
chelocardin: PD, pharmacology
anhydrochlortetracycline: PD, pharmacology
unclassified drug
RN 60-54-8; 64-75-5; 57-62-5; 64-72-2; 79-57-2; 2058-46-0; 64-73-3; 127-33-3; 914-00-1; 3963-95-9; 564-25-0; 10592-13-9; 17086-28-1; 10118-90-8; 13614-98-7; 1665-56-1; 1665-57-2; 7518-17-4; 18323-44-9; 8064-90-2; 11111-12-9; 59753-24-1; 4497-08-9

L103 ANSWER 20 OF 59 MEDLINE
AN 93033021 MEDLINE
DN 93033021
TI Clinical trial of long-acting oxytetracycline and piroxicam in the treatment of canine ehrlichiosis.
AU Adawa D A; Hassan A Z; Abdullah S U; Ogunkoya A B; Adeyanju J B; Okoro J E
CS Veterinary Teaching Hospital, Zaira..
SO VETERINARY QUARTERLY, (1992) 14 (3) 118-20.
Journal code: XBT. ISSN: 0165-2176.
CY Netherlands
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199301
AB Forty-three dogs with canine ehrlichiosis were treated with long-acting oxytetracycline (TLA) at a dose of 20 mg/kg. In order to eliminate pain at the site of injection of TLA, varying doses of piroxicam were administered intramuscularly to the treated dogs. A

minimum of 15 mg of piroxicam proved effective in eliminating pain and swelling at the TLA-injection sites, while fever was eliminated with a minimum of 10 mg of piroxicam 24 hours post-treatment. Rapid restoration or improvement of appetite in treated dogs was also observed after treatment with piroxicam and TLA. Both TLA and piroxicam were found to be suitable for use in dogs.

CT Check Tags: Animal
Delayed-Action Preparations
*Dog Diseases: DT, drug therapy
Dogs
Ehrlichiosis: DT, drug therapy
*Ehrlichiosis: VE, veterinary
Injections, Intramuscular
Oxytetracycline: AD, administration & dosage
Oxytetracycline: AE, adverse effects
***Oxytetracycline: TU, therapeutic use**
Piroxicam: AD, administration & dosage
Piroxicam: AE, adverse effects
*Piroxicam: TU, therapeutic use
RN 36322-90-4 (Piroxicam); 79-57-2 (Oxytetracycline)
CN 0 (Delayed-Action Preparations)

L103 ANSWER 21 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 91-295351 [40] WPIDS
CR 92-398530 [48]; 95-199683 [26]; 96-019737 [02]; 98-031704 [03]
DNN N91-226269 DNC C91-127647
TI Encapsulation of antibiotics in biodegradable polymeric matrix - for chemotherapeutic treatment of bacterial infections in **controlled release** formulation.
DC A96 B07 C03 D21 P32
IN JACOB, E; SETTERSTRO, J A; TICE, T R
PA (USSA) US SEC OF ARMY
CYC 18
PI WO 9113595 A 910919 (9140)* 63 pp
RW: AT BE CH DE DK ES FR GB GR IT LU NL SE
W: AU CA FI JP NL NO
AU 9175589 A 911010 (9201)
PRAI US 90-493597 900315
REP 2.Jnl.Ref
IC A01N025-26; A61F002-00; A61F013-00
AB WO 9113595 A UPAB: 980119
A method for protection against or therapeutic treatment of bacterial infection in the tissue of a human or non-human animal comprises local admin. of a compsn., comprising an antibiotic encapsulated within a biodegradable polymeric matrix, having a duration of **controlled release** of the antibiotic from 2-6 weeks.

The biodegradable matrix is a poly(DL-lactide-co-glycolide), having a relative ratio lactide/glycolide between 40:60 and 100:0, more pref. 48:52 to 58:42, esp. 53:47. The antibiotic, present in amt. 5-60% in the compsn. is selected from beta-lactam, aminoglycoside, polymyxin-B, Amphotericin-B, aztreonam, cephalosporum, chloramphenicol, fusidan, lincosamide, macrolide, metronidazole, nitrofurantoin, imipenem/cilastin, quinolones, rifampin, polyenes, **tetracycline**, sulphonamides, trimethoprim, vancomycin, teicoplanin, imidazoles and erythromycin. Beta-Lactams are penicillins or cephalosporins, esp. ampicillin. Aminoglycosides are gentiamycin, amikacin, tobramycin, and kanamycin. For ampicillin, 30-40% is present in the matrix compsn.

USE/ADVANTAGE - The compsn. is used for: (i) subcutaneous infection secondary to contaminated abdominal surgery; (ii) infection around prosthetic devices and vascular grafts; (iii) ocular infections; (iv) topical **skin** infections; (v) orthopaedic infections, including osteomyelitis; and (vi)

oral infections, such as pericoronitis or peridontal disease.
Dwg.0/5
FS CPI GMPI
FA AB; DCN
MC CPI: A05-E02; A09-A; A12-V01; A12-W05; B02-Z; B04-C03; B12-A07; B12-J08; B12-L03; B12-L04; B12-L09; B12-M10A; B12-M11E; C02-Z; C04-C03; C12-A07; C12-J08; C12-L03; C12-L04; C12-L09; C12-M10A; C12-M11E; D09-A01C; D09-C04B

L103 ANSWER 22 OF 59 MEDLINE
AN 91267013 MEDLINE
DN 91267013
TI Doxycycline tolerance study. Incidence of nausea after doxycycline administration to healthy volunteers: a comparison of 2 formulations (Doryx' vs Vibramycin').
AU Story M J; McCloud P I; Boehm G
CS Cortecs Limited, Deeside, Clwyd, UK..
SO EUROPEAN JOURNAL OF CLINICAL PHARMACOLOGY, (1991) 40 (4) 419-21. Journal code: EN4. ISSN: 0031-6970.
CY GERMANY: Germany, Federal Republic of
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199109
AB In a randomised, double-blind, 3-way cross-over trial, the incidence of nausea associated with 2 doxycycline 100 mg formulations (Doryx' and Vibramycin') were compared. The original study cohort comprised 103 healthy male volunteers, with 97 subjects completing the trial. Subjects were randomly allocated to 1 of 3 treatment sequences and received a single dose of Doryx', Vibramycin' or placebo, with a 7-day washout prior to cross-over. At half-hourly intervals, from 0 to 2 h post-dose, subjects completed questionnaires to indicate if they felt nauseous. Data were analysed according to a log-linear method for the analysis of cross-over trials with categorical responses. Seventeen, 29 and 11 subjects experienced nausea with Doryx', Vibramycin' and placebo, respectively. A significantly greater number of volunteers indicated a positive response with Vibramycin' vs Doryx' and vs placebo; the positive response frequency was not significantly different for the Doryx' vs the placebo regimen. Treatment sequence had no significant effect on response, although a marked first-dose effect was noted; the first (vs the second and vs the third) regimen was 1.5-2 times more likely to induce a positive response.
CT Check Tags: Comparative Study; Human; Male
Adult
Capsules
Delayed-Action Preparations
Double-Blind Method
Doxycycline: AD, administration & dosage
***Doxycycline: AE, adverse effects**
Middle Age
*Nausea: CI, chemically induced
Questionnaires
Random Allocation
RN 564-25-0 (Doxycycline)
CN 0 (Capsules); 0 (Delayed-Action Preparations)

L103 ANSWER 23 OF 59 BIOSIS COPYRIGHT 1998 BIOSIS
AN 91:74247 BIOSIS
DN BA91:42907
TI TREATMENT OF SEVERE **ACNE** WITH ISOTRETINOIN IN PATIENTS WITH

INFLAMMATORY BOWEL DISEASE.
AU GODFREY K M; JAMES M P
CS ROYAL BERKSHIRE HOSP., LONDON RD., READING RG1 5AN, UK.
SO BR J DERMATOL 123 (5). 1990. 653-656. CODEN: BJDEAZ ISSN: 0007-0963
LA English
AB Four patients with inflammatory bowel disease and severe cystic **acne** were treated with isotretinoin. Two patients had a successful course of treatment without any gastrointestinal side-effects. One patient had two episodes of profuse rectal bleeding that were probably related to pre-existing haemorrhoids. The fourth patient had a flare-up of his Crohn's disease after starting isotretinoin. Patients with severe **acne** and chronic inflammatory bowel disease present a therapeutic dilemma. Although isotretinoin is an accepted treatment for severe **acne**, it is reputed sometimes to cause inflammatory bowel disease, although experienced physicians have not observed this association. **Oral antibiotic** therapy for **acne** may aggravate chronic inflammatory bowel disease and systemic steroids that are often necessary for the treatment of this order may exacerbate **acne**. Although in our experience patients with severe **acne** and chronic inflammatory bowel disease are infrequently seen, we report four patients with this association in whom we considered that isotretinoin was the treatment of choice.
ST DERMATOLOGICAL-DRUG **SIDE EFFECTS**
RN 4759-48-2 (ISOTRETINOIN)
CC Biochemical Studies-General 10060
Pathology, General and Miscellaneous-Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous-Therapy 12512
Digestive System-Pathology *14006
Integumentary System-Pathology *18506
Pharmacology-Clinical Pharmacology *22005
Pharmacology-Integumentary System, Dental and Oral Biology *22020
Toxicology-Pharmacological Toxicology *22504
BC Hominidae 86215

L103 ANSWER 24 OF 59 MEDLINE
AN 90189067 MEDLINE
DN 90189067
TI Minocycline treatment for rheumatoid arthritis: an open dose finding study.
AU Breedveld F C; Dijkmans B A; Mattie H
CS Department of Rheumatology, University Hospital, Leiden, The Netherlands..
SO JOURNAL OF RHEUMATOLOGY, (1990 Jan) 17 (1) 43-6.
Journal code: JWX. ISSN: 0315-162X.
CY Canada
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199006
AB Ten patients with active definite or classical rheumatoid arthritis (RA) were treated with oral minocycline (maximal daily dose 400 mg) during 16 weeks in an open study. Seven patients reported side effects (in most cases **vestibular**) leading to premature discontinuation in one. Half of the efficacy variables improved significantly after 4 weeks of therapy. At the end of the study all variables were significantly changed compared with their pretreatment values. We conclude that minocycline may be beneficial in RA. This effect needs to be confirmed in controlled studies.
CT Check Tags: Comparative Study; Female; Human; Male
Administration, Oral
Adult
Aged

*Arthritis, Rheumatoid: DT, drug therapy
Drug Evaluation
Middle Age
Minocycline: AD, administration & dosage
Minocycline: AE, adverse effects
*Minocycline: TU, therapeutic use
*Tetracyclines: TU, therapeutic use
RN 10118-90-8 (Minocycline)
CN 0 (Tetracyclines)

L103 ANSWER 25 OF 59 MEDLINE
AN 90036061 MEDLINE
DN 90036061
TI [Treatment of acne vulgaris. A comparison of doxycycline versus minocycline].
Behandlung der Acne vulgaris. Ein Vergleich von Doxycyclin versus Minocyclin.
AU Laux B
CS Hautklinik der Universitat Mainz..
SO HAUTARZT, (1989 Sep) 40 (9) 577-81.
Journal code: G13. ISSN: 0017-8470.
CY GERMANY, WEST: Germany, Federal Republic of
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA German
FS Priority Journals
EM 199002
AB In the course of a randomized, comparative, clinical study, 50 patients with acne vulgaris received systemic treatment with a single daily dose of 50 mg doxycycline or two daily doses of 50 mg minocycline. At the completion of the 12-week treatment, cure or improvement of acne was found in 78% of the patients in the doxycycline group compared to 82% in the minocycline group. The rate of unsatisfactory therapeutic results was 22% in the doxycycline group and 18% in the group of patients treated with minocycline. The results showed no significant difference between the clinical efficacy of treating acne vulgaris with doxycycline at a daily dose of 50 mg and 100 mg of minocycline daily, a fact which has already been demonstrated by earlier studies.
CT Check Tags: Comparative Study; Female; Human; Male
***Acne Vulgaris: DT, drug therapy**
Adolescence
Adult
Dose-Response Relationship, Drug
***Doxycycline: AD, administration & dosage**
Doxycycline: AE, adverse effects
English Abstract
***Minocycline: AD, administration & dosage**
Minocycline: AE, adverse effects
Randomized Controlled Trials
***Tetracyclines: AD, administration & dosage**
RN 10118-90-8 (Minocycline); 564-25-0 (Doxycycline)
CN 0 (Tetracyclines)

L103 ANSWER 26 OF 59 BIOSIS COPYRIGHT 1998 BIOSIS
AN 89:242285 BIOSIS
DN BA87:123350
TI DOUBLE-BLIND RANDOMIZED AND CONTROLLED CLINICAL TRIAL ON THE EFFICACY OF TOPICAL CLINDAMYCIN IN THE TREATMENT OF **ACNE**.
AU HONORATO J; AZANZA J R; SANDOVAL C A; QUINTANILLA E
CS SERV. FARMACOL. CLIN., CLIN. UNIV., FAC. MED., UNIV. NAVARRA.
SO REV FARMACOL CLIN EXP 5 (4). 1988. 397-404. CODEN: RFCEEC
LA Spanish

AB The efficacy and safety of 1% clindamycin phosphate in hydroalcoholic solution applied topically has been compared to that of the **tetracycline** administered **orally** in moderate to severe **acne** following a double blind, randomized clinical trial technique. Thirty-eight patients with a minimum of 12 and a maximum of 70 inflammatory papules with no more than 6 cyst-nodule lesions had been included in the study. Eighteen patients were treated with clindamycin and twenty with **tetracycline**. Both groups has at the beginning of the study a similar number of papules, pustulas and open comedones, producing a similar reduction in the number during the 8 weeks of treatment. The clindamycin was found to be more effective than the **tetracycline** in preventing the increase of the acnes and at the same time producing a major reduction in the number of cyst-nodule lesions. The clindamycin also seemed to demonstrate a faster effect. The secondary effects observed were three cases of mild diarrhoea in the group treated with **oral tetracycline** and two in the group treated with topical clindamycin, who recovered without any complications. In summary, the topical clindamycin can represent an effective pharmacological tgherapy in the treatment of **acne** vulgaris obviating many of the complications which could be brought about by the use of a systemic pharmacological therapy.

ST HUMAN **TETRACYCLINE** ANTIBACTERIAL-DRUG **SIDE EFFECTS**

RN 60-54-8 (TETRACYCLINE)
18323-44-9 (CLINDAMYCIN)

CC Biochemical Studies-General 10060
Pathology, General and Miscellaneous-Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous-Therapy *12512
Integumentary System-Pathology *18506
Pharmacology-Clinical Pharmacology *22005
Pharmacology-Integumentary System, Dental and Oral Biology *22020
Toxicology-Pharmacological Toxicology *22504
Medical and Clinical Microbiology-Bacteriology *36002
Chemotherapy-Antibacterial Agents *38504

BC Bacteria-Unspecified 04000
Hominidae 86215

L103 ANSWER 27 OF 59 MEDLINE

AN 88273719 MEDLINE

DN 88273719

TI A double-blind, multiple-dose, placebo-controlled, cross-over study to compare the incidence of gastrointestinal complaints in healthy subjects given Doryx R and Vibramycin R.

AU Berger R S

CS Department of Medicine, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School, New Brunswick.

SO JOURNAL OF CLINICAL PHARMACOLOGY, (1988 Apr) 28 (4) 367-70.
Journal code: HT9. ISSN: 0091-2700.

CY United States

DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 198810

AB Ninety-eight healthy subjects completed a double-blind, placebo-controlled, multiple-dose cross-over study to compare the incidence of gastrointestinal side effects of Doryx (Parke-Davis, Morris Plains, NJ) capsules (enteric-coated doxycycline hyclate pellets) and Vibramycin (Pfizer, New York, NY) capsules (doxycycline hyclate powder). Doryx produced statistically significantly fewer episodes of nausea, vomiting, stomach of abdominal discomfort, and

decreased appetite than did Vibramycin. For every symptom, Vibramycin produced statistically significantly more symptom reports than did placebo. Although Doryx produced significantly more reports of nausea than did placebo, there was no significant difference for the other symptoms. Based on these results, Doryx is superior to Vibramycin when considering the incidence of gastrointestinal side effects.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adolescence
Adult
Capsules
Double-Blind Method
***Doxycycline: AA, analogs & derivatives**
Doxycycline: AD, administration & dosage
Doxycycline: AE, adverse effects
Doxycycline: PD, pharmacology
Doxycycline: TU, therapeutic use
*Nausea: CI, chemically induced
Placebos
Tablets, Enteric-Coated
*Vomiting: CI, chemically induced

RN 24390-14-5 (doxycycline hyclate); 564-25-0 (Doxycycline)
CN 0 (Capsules); 0 (Placebos); 0 (Tablets, Enteric-Coated)

L103 ANSWER 28 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 87-322240 [46] WPIDS
CR 89-139497 [19]
DNC C87-137315
TI New antibiotic retinoic acid ester(s) with anti-**acne** activity - are ester(s) of erythromycin, lincomycin or clindamycin with all-trans- or 13-cis-retinoic acid.
DC B03
IN DUPUIS, D; PHILIPPE, M; ROUGIER, A; SEBAG, H; PHILIPPE, N
PA (OREA) L'OREAL SA
CYC 13
PI

DE 3714937	A	871112	(8746)*		11 pp	
GB 2191483	A	871216	(8750)			
NL 8701054	A	871201	(8801)			
SE 8701845	A	871107	(8801)			
FR 2598420	A	871113	(8802)			
NO 8701870	A	871130	(8802)			
JP 62289593	A	871216	(8805)			
DK 8702293	A	871107	(8807)			
ES 2006478	A	890501	(8943)			
GB 2191483	B	900530	(9022)			
CH 674847	A	900731	(9033)			
NO 9100442	A	871109	(9122)			
IT 1204556	B	890310	(9127)			
CA 1300131	C	920505	(9223)	FR		C07H015-26
BE 1004152	A4	921006	(9248)		22 pp	C07H000-00
SE 470379	B	940207	(9408)			C07H015-16
DK 169345	B	941010	(9439)			C07H017-08
JP 2504990	B2	960605	(9627)		10 pp	C07H015-16
DE 3714937	C2	980226	(9812)		13 pp	C07H017-08

ADT DE 3714937 A DE 87-3714937 870505; GB 2191483 A GB 87-10673 870506; NL 8701054 A NL 87-1054 870504; FR 2598420 A FR 86-6528 860506; JP 62289593 A JP 87-107980 870502; ES 2006478 A ES 87-1603 870505; CA 1300131 C CA 87-536348 870505; BE 1004152 A4 BE 87-486 870506; SE 470379 B SE 87-1845 870505; DK 169345 B DK 87-2293 870505; JP 2504990 B2 JP 87-107980 870502; DE 3714937 C2 DE 87-3714937 870505
FDT DK 169345 B Previous Publ. DK 8702293; JP 2504990 B2 Previous Publ. JP 62289593
PRAI FR 86-6528 860506
IC ICM C07H000-00; C07H015-16; C07H015-26; C07H017-08

ICS A61K007-00; A61K007-48; A61K031-70; A61K031-71; C07C175-00; C07C405-00

AB DE 3714937 A UPAB: 970502
All-trans-retinoic acid and 13-cis-retinoic acid esters of erythromycin, lincomycin and clindamycin and mixtures and salts of these esters, are new.

Pref. esters are of erythromycin A in which the 2'-hydroxy group is esterified, and esters of clindamycin and linco -mycin in which the 3-hydroxy group is esterified.

Specifically claimed cpds are 2'-o-(all-trans-retinoyl) erythromycin A; 2'-O-(13-cis-retinoyl) erythromycin A; 3-O-(13-cis-retinoyl) clncomycin; 3-0-(all-trans-retincyl) clindamycin; and 3-0-(13-cis-retinoyl) clindamycin.

USE/ADVANTAGE - The new esters contain the antimicrobial effects of the antibiotic component with the antiproliferative effect of the retinoic acid component. They have specific antimicrobial activity against Propionibacterium acnes (including resistant strains) but only weak activity against other cutaneous microagamisms such as Staphylococcus epidermis. They are better tolerated by the skin and less toxic **orally** than simple mixtures of **antibiotics** and retinoic acids, and their lipophitic character gives improved cutaneous penetration. The esters can be used for the treatment of **acne**, infectious dermatoses, and as potential anti-seborrhoea agents. The esters also have antitumour activity.

Dwg.0/0

FS CPI
FA AB; DCN
MC CPI: B02-C; B02-E; B02-L; B03-A; B12-A07; B12-G07

L103 ANSWER 29 OF 59 MEDLINE
AN 87138612 MEDLINE
DN 87138612
TI Evolution of a strategy for the treatment of acne.
AU Cunliffe W J
SO JOURNAL OF THE AMERICAN ACADEMY OF DERMATOLOGY, (1987 Mar) 16 (3 Pt 1) 591-9. Ref: 40
Journal code: HVG. ISSN: 0190-9622.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 198706
AB The management of skin disease may differ in different parts of the world, but in most countries, acne should be a most treatable disease. Acne therapy has not evolved in the most logical fashion, but this article reviews our demonstration of risk factors in the treatment of acne. Young patients, male patients, truncal acne, a marked seborrhea, and a low dose (500 mg/day or less) of tetracycline are factors associated with a poorer response and, when oral therapy is stopped, a greater relapse rate. One gram a day of tetracycline, given for 6 months, is the minimum course of oral therapy and should be given along with topical therapy. One of the most widely used topical treatments is benzoyl peroxide, and this presentation was given in honor of Dr. William Pace, who was possibly the first dermatologist to be aware of the benefit of benzoyl peroxide--a fact not adequately recorded in dermatologic history. A small number of patients do not respond well to conventional therapy, but alternative treatments should bring about a successful outcome. Alternative treatments include hormonal therapy (i.e., 2 mg cyproterone acetate plus 50 micrograms ethinyl estradiol; spironolactone, 100 mg twice daily; or isotretinoin, 1 mg/kg). The success of all these treatments bears some relationship

to their effect in modulating the etiologic factors of acne: an enhanced sebum production, increased ductal cornification, abnormal bacterial colonization, and the production of inflammation. Isotretinoin is the most beneficial of all drug regimens, and this fact no doubt relates to its favorable effect on all etiologic factors.

CT Check Tags: Female; Human; Male
***Acne Vulgaris: DT, drug therapy**
Acne Vulgaris: ET, etiology
Benzoyl Peroxide: TU, therapeutic use
Dose-Response Relationship, Drug
Erythromycin: TU, therapeutic use
Tetracycline: TU, therapeutic use
Tretinoin: TU, therapeutic use

RN 114-07-8 (Erythromycin); 302-79-4 (Tretinoin); 60-54-8 (Tetracycline); 94-36-0 (Benzoyl Peroxide)

L103 ANSWER 30 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 86231111 EMBASE
TI Drugs for treatment of acne.
AU Van Joost Th.
CS Academisch Ziekenhuis Rotterdam-Dijkzigt, Afdeling Dermato-Venereologie, 3000 DR Rotterdam, Netherlands
SO NED. TIJDSCHR. GENEESKD., (1986) 130/38 (1688-1691).
CODEN: NETJAN
CY Netherlands
LA Dutch
CC 013.19.03.00.00.
013.44.02.00.00.
013.44.03.00.00.
030.20.00.00.00.
037.07.03.01.00. Drug Literature Index/ANALGESICS/Antiinflammatory, inflammatory inducing agents/Antiinflammatory drugs
037.09.04.04.00. /HORMONES AND DRUGS AFFECTING ENDOCRINE SYSTEMS/Sex hormones and analogs/Sex hormone antagonists
037.11.01.00.00. /ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics
037.11.01.03.00. ///Sulfonamides
037.11.01.07.00. ///Macrolides
037.11.01.09.00. ///Tetracyclines
037.12.00.00.00. /DISINFECTANTS, ANTISEPTICS AND STERILANTS
037.20.00.00.00. /DRUGS AFFECTING SKIN AND MUCOUS MEMBRANES
037.33.00.00.00. /VITAMINS
038.20.00.00.00. Adverse Reactions Titles/DRUGS USED IN DERMATOLOGY
038.27.00.00.00. /ANTIBIOTICS
CT EMTAGS: priority journal (0007); skin, hair, nails and sweat glands (0980); therapy (0160); digestive system (0935); intoxication (0302); adverse drug reaction (0198); nervous system (0910); short survey (0002); oral drug administration (0181); human (0888)
Medical Descriptors:
***tetracycline**
*gastrointestinal symptom
***vertigo**
*minocycline
*skin pigmentation
*isotretinoin
*skin toxicity
*headache
*adverse drug reaction
*gastrointestinal toxicity
*neurotoxicity
***acne**
*salicylic acid
*resorcinol

*benzoyl peroxide
*retinoic acid
*erythromycin
*clindamycin
*cyproterone acetate
*sulfamethoxazole
*trimethoprim
*cotrimoxazole
*dapsone
*diane
*ethinylestradiol
*akne mycin
*ichthammol
therapy
CN Tinagel; Panoxyl; Oxy 5; Benzac w; Benzac a; Basiron; Akneroxid; Dalacin t; Akne mycin; Eboren; Eryderm; Zynerit; Eryc; Erythrocin; Ilotycin; Diane; Androcur; Minocin; Tetrachel; Tetrarco; Bactrim; Roaccutane

L103 ANSWER 31 OF 59 MEDLINE
AN 85168740 MEDLINE
DN 85168740
TI Tetracyclines in ophthalmology.
AU Salamon S M
SO SURVEY OF OPHTHALMOLOGY, (1985 Jan-Feb) 29 (4) 265-75. Ref: 100
Journal code: VCT. ISSN: 0039-6257.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 198507
AB Tetracycline and its congeners demonstrate antimicrobial activity against bacteria, Chlamydiae and Toxoplasma gondii. Ophthalmologists can use these drugs to treat bacterial and chlamydial infections, and also for ocular rosacea and similar disorders. Side effects associated with systemic tetracycline use are most commonly related to the gastrointestinal tract and to signs of yeast superinfection. Minocycline use may be limited by its **vestibular** toxicity. Temporary growth retardation and staining of erupting teeth may occur with oral use of tetracycline in children under 8 years; these drugs should not be given in pregnancy or to young children. Topical tetracycline application yields good tear and aqueous humor concentrations.
CT Check Tags: Human; Male
Absorption
Acne Rosacea: DT, drug therapy
Acne Rosacea: PP, physiopathology
Biomechanics
Blepharitis: DT, drug therapy
Child
Child, Preschool
Conjunctivitis: DT, drug therapy
Eye: ME, metabolism
*Eye Diseases: DT, drug therapy
Gastrointestinal Diseases: CI, chemically induced
Infant, Newborn
Infant, Newborn, Diseases: DT, drug therapy
Keratoconjunctivitis: DT, drug therapy
Middle Age
Mycoses: CI, chemically induced
Tetracyclines: AD, administration & dosage
Tetracyclines: AE, adverse effects
Tetracyclines: PD, pharmacology

*Tetracyclines: TU, therapeutic use
Trachoma: DT, drug therapy
CN 0 (Tetracyclines)

L103 ANSWER 32 OF 59 MEDLINE
AN 84159408 MEDLINE
DN 84159408
TI Esophageal ulceration due to enterocoated doxycycline therapy--further considerations [letter].
AU Delpre G; Kadish U
SO GASTROINTESTINAL ENDOSCOPY, (1984 Feb) 30 (1) 44.
Journal code: FH8. ISSN: 0016-5107.
CY United States
DT Letter
LA English
FS Priority Journals
EM 198407
CT Check Tags: Case Report; Human; Male
Adult
***Doxycycline: AE, adverse effects**
*Esophageal Diseases: CI, chemically induced
***Tablets, Enteric-Coated: AE, adverse effects**
Ulcer: CI, chemically induced
RN 564-25-0 (Doxycycline)
CN 0 (Tablets, Enteric-Coated)

L103 ANSWER 33 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 84-127087 [20] WPIDS
CR 81-55146D [31]
DNC C84-053697
TI Benzoyl peroxide, antimicrobial imidazole antiacne compsn. - the imidazole being clotrimazole, miconazole, econazole, or isoconazole.
DC B05 D21
IN VANBEVER, W F M
PA (JANC) JANSSEN PHARM NV
CYC 1
PI US 4446145 A 840501 (8420)* 7 pp
ADT US 4446145 A US 81-282975 810713
PRAI US 81-282975 810713; US 80-114813 800124
IC A61K031-41
AB US 4446145 A UPAB: 960422
Antiacne compsn. contains as active ingredients - 4-6% benzoylperoxide (I) and 1.5 - 2.5% of at least 1 (II) of clotrimazole, miconazole, econazole, isoconazole or their salts.
The synergistic compsn. is able to control **acne** -causing bacteria without **oral antibiotic** admin..
In an example a gp. of 102 patients suffering from **acne** was divided into 2 sub-gps. (I) and (II). Gp. (I) was used as a control and they applied an ointment contg. 5% benzoyl peroxide alone, twice daily. Gp (II) also did the same except the ointment also contained 2% miconazole. After 12 weeks the effects were evaluated and in Gp.(I), 8 patients were completely cured, 13 had made rapid improvement, 23 a slight but definite improvement and 7 showed no improvement or had deteriorated. The corresp. figures for Gp. (II) were 22, 21, 7 and 1.
0/0
Dwg.0/0
FS CPI
FA AB
MC CPI: B07-D09; B07-D13; B10-A04; B12-A01; B12-A07; B12-C09; D08-B09

L103 ANSWER 34 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 84182422 EMBASE

TI Treatment of male fertility disturbances. Current concepts.
AU Schill W.B.; Michalopoulos M.
CS Department of Dermatology, Andrology Unit, University of Munich, Munich, Germany, Federal Republic of
SO DRUGS, (1984) 28/3 (263-280).
CODEN: DRUGAY
CY Australia
LA English
AB Medical therapy of male infertility aims to improve or normalise the fertility status of a subfertile patient. However, this can be a frustrating task due to limited knowledge about the pathophysiology of male reproductive functions, and the fact that pharmacological therapy is mainly empirical and less often specific. Nevertheless, the spectrum of treatment approaches has increased within the last decade and comprises hormonal and non-hormonal compounds. Hormonal therapy is performed with antioestrogens (clomiphene, tamoxifen), gonadotrophin-releasing hormone (GnRH), prolactin inhibitors (bromocriptine), gonadotrophins (hMG, hCG), androgens (testosterone, mesterolone), and testosterone aromatase inhibitors (testolactone). Tissue hormone-releasing proteases (kallikrein) can also be applied, liberating kinins as mediator substances with different effects at the cellular level. Non-hormonal therapy includes improvement of testicular microcirculation by oxpentifylline, antimicrobial and anti-inflammatory agents, drugs to improve or allow emission and ejaculation, and psychotropic and antispasmodic drugs to diminish functional disturbances induced by emotional stress. Treatment schedules are either specifically or empirically based. If treatment is based on a pathophysiological concept which implies strong patient selection, success of treatment is excellent. In contrast, despite an increased number of compounds, empirically based therapies remain unpredictable and the results are moderate and often not reproducible. However, when different drugs are compared with a placebo group in selected well-controlled patients with idiopathic normogonadotrophic oligozoospermia, pregnancy rates will be in the range of 30 to 40% within an observation period of 1 year, as compared with the spontaneous conception rate of between 10 and 20%.
CC 003.01.02.00.00.
003.03.06.00.00.
003.12.01.00.00.
003.12.02.00.00.
003.12.03.00.00.
028.13.03.00.00.
028.31.00.00.00.
030.06.00.00.00.
030.08.03.00.00.
030.18.01.02.00.
030.18.03.00.00.
030.18.03.01.00.
030.18.03.04.00.
037.01.01.01.00. Drug Literature Index/DRUGS AFFECTING THE AUTONOMIC NERVOUS SYSTEM/Parasympathetic drugs/Parasympatholytics (anticholinergics)
037.01.02.01.01. //Sympathetic drugs/Sympatholytics (adrenolytics)/Alpha adrenergic blockers
037.01.02.02.01. ///Sympathomimetics (adrenergics)/Alpha adrenergic stimulants
037.03.01.01.00. /PSYCHOTROPIC DRUGS/Antidepressants/MAO inhibitors
037.03.01.02.00. ///Tricyclic antidepresssants/Tricyclic antidepressants
037.03.05.00.00. //Tranquilizers
037.03.06.02.00. //Central neurotransmitters/Dopamine agonists and antagonists
037.04.03.00.00. /CENTRAL DEPRESSANTS AND STIMULANTS/Central

stimulants
037.07.01.00.00. /ANALGESICS/Antipyretic analgesics
037.07.03.01.00. //Antiinflammatory, inflammatory inducing agents/Antiinflammatory drugs
037.08.01.01.00. /AUTACOIDS/Antihistaminics/Histamine 1 receptor antagonists
037.09.01.01.00. /HORMONES AND DRUGS AFFECTING ENDOCRINE SYSTEMS/Corticosteroids/Glucocorticoids
037.09.04.01.00. //Sex hormones and analogs/Androgens
037.09.04.04.00. ///Sex hormone antagonists
037.09.05.03.01. //Hypophysis hormones and allied substances/Gonadotropins and antigonadotrophic agents/Gonadotropins
037.09.05.07.00. ///Prolactin, lactogenic hormones and inhibitors
037.10.05.00.00. /DRUGS AFFECTING THE CARDIOVASCULAR SYSTEM/Peripheral vasodilators
037.10.08.00.00. //Ergot alkaloids and allied substances
037.11.01.03.00. /ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics/Sulfonamides
037.11.01.05.01. ///Beta-lactam antibiotics/Penicillins
037.11.01.06.00. ///Chloramphenicol and analogs
037.11.01.07.00. ///Macrolides
037.11.01.09.00. ///Tetracyclines
037.11.04.00.00. //Antiprotozoal drugs
037.15.03.00.00. /ANTINEOPLASTIC DRUGS AND CARCINOGENICS/Antimetabolites
037.18.01.00.00. /AGENTS AFFECTING SMOOTH MUSCLE/Antispasmodics
037.24.04.00.00. /ANTISERA, TOXOIDS AND VACCINES/Immunosuppressants
037.27.02.00.00. /DRUGS AFFECTING THE RESPIRATORY SYSTEM/Bronchodilators
037.34.01.00.00. /ENZYMES, COENZYMES, INHIBITORS AND SUBSTRATES/Enzymes and coenzymes
037.34.02.00.00. //Enzyme inhibitors
037.38.00.00.00. /PLACEBOS
038.41.02.00.00. Adverse Reactions Titles/HORMONES/Sex hormones, anabolic hormones and related drugs

CT EMTAGS: breast (0985); skin, hair, nails and sweat glands (0980); therapy (0160); adverse drug reaction (0198); peripheral vascular system (0923); endocrine system (0970); review (0001); human (0888); male genital system (0956); enzyme (0990)

Medical Descriptors:
*clomifene
***vertigo**
*nausea
*libido
*gynecomastia
*chorionic gonadotropin
***acne**
*testosterone
*kallikrein
*pharmacotherapy
*adverse drug reaction
*microcirculation
*hypogonadotropic hypogonadism
*male infertility
*hormone
*antiinflammatory agent
*pentoxifylline
*psychotropic agent
*spasmolytic agent
*phenylpropanolamine
*phentolamine
*midodrine
*caffeine
*penicillin g

*gonadorelin
*theophylline
*probenecid
*tamoxifen
*pentoxyfylline
*metronidazole
*bromocriptine
***tetracycline**
*indometacin
*doxycycline
*acetylsalicylic acid
*testolactone
*minocycline
*ibuprofen
*mesterolone
*cotrimoxazole
*naproxen
*erythromycin
*imipramine
*azathioprine
*human menopausal gonadotropin
*ampicillin
*prednisolone
*luteinizing hormone
*thiamphenicol
*metacycline
antiestrogen agent
androgenic agent
aromatase
enzyme inhibition
placebo
brompheniramine
amitriptyline
diazepam
phenelzine

L103 ANSWER 35 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 83249790 EMBASE
TI Antibiotic and anti-inflammatory therapy of acne.
AU Reisner R.M.
CS Dermatol. Serv., VA Wadsworth Med. Cent., Los Angeles, CA 90073, United States
SO DERMATOL. CLIN., (1983) 1/3 (385-397).
CODEN: DRMCDJ
CY United States
LA English
CC 003.01.04.00.00.
003.06.01.00.00.
003.16.09.00.00.
004.01.01.12.00.
004.01.05.02.04.
004.01.05.02.05.
004.08.14.01.00.
007.27.00.00.00.
007.30.01.00.00.
007.36.01.01.00.
013.19.03.00.00.
013.44.00.00.00.
037.07.01.00.00. Drug Literature Index/ANALGESICS/Antipyretic analgesics
037.07.03.01.00. //Antiinflammatory, inflammatory inducing agents/Antiinflammatory drugs
037.09.01.01.00. /HORMONES AND DRUGS AFFECTING ENDOCRINE SYSTEMS/Corticosteroids/Glucocorticoids

037.11.01.00.00. /ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics
037.11.01.01.00. ///Antileprous drugs
037.11.01.03.00. ///Sulfonamides
037.11.01.05.01. ///Beta-lactam antibiotics/Penicillins
037.11.01.07.00. ///Macrolides
037.11.01.09.00. ///Tetracyclines
037.20.00.00.00. /DRUGS AFFECTING SKIN AND MUCOUS MEMBRANES
037.28.01.00.00. /DRUGS AFFECTING THE DIGESTIVE SYSTEM/Antacids
037.33.00.00.00. /VITAMINS
037.35.00.00.00. /TERATOGENICS
037.38.00.00.00. /PLACEBOS
038.27.00.00.00. Adverse Reactions Titles/ANTIBIOTICS

CT EMTAGS: intoxication (0302); digestive system (0935); drug comparison (0196); therapy (0160); adverse drug reaction (0198); nervous system (0910); auditory system (0916); skin, hair, nails and sweat glands (0980); review (0001); human (0888)
Medical Descriptors:
***tetracycline**
*phototoxicity
***vertigo**
*gastrointestinal symptom
*candidiasis
*minocycline
*intracranial hypertension
*teratogenesis
*drug interaction
*drug comparison
*pharmacotherapy
*adverse drug reaction
*chemical teratogenesis
*gastrointestinal toxicity
*neurotoxicity
*ototoxicity
*skin toxicity
*antibiotic agent
***acne vulgaris**
*corticosteroid
*corynebacterium acnes
*clindamycin
*placebo
*erythromycin
*penicillin g
*dapsone
*sulfapyridine
*isotretinoin
*prednisone
*benoxaprofen
*acetylsalicylic acid
*aluminum magnesium hydroxide
*naproxen
*ibuprofen
therapy
CN Aspirin; Ascriptin ad

L103 ANSWER 36 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 83014827 EMBASE
TI Efficacy of minocycline compared with tetracycline in treatment of acne vulgaris.
AU Hubbell C.G.; Hobbs E.R.; Rist T.; White J.W. Jr.
CS Wilford Hall USAF Med. Cent., Lackland AFB, San Antonio, TX, United States
SO ARCH. DERMATOL., (1982) 118/12 (989-992).
CODEN: ARDEAC

CY United States
LA English
AB A double-blind evaluation of the efficacy and safety of minocycline hydrochloride and tetracycline hydrochloride was conducted and completed using 49 patients with Pillsbury grade 2 or grade 3 acne. For six months, half of the patients received minocycline and half received tetracycline. Although the differences between treatment groups were not statistically significant at any evaluation, more patients treated with minocycline reached and maintained a noninflammatory acne status in less time than did patients treated with tetracycline. After six weeks, twice as many patients in the group treated with minocycline had reached noninflammatory status. Side effects reported by 17 patients were equally distributed between treatment groups. No notable abnormalities were observed in the results of blood chemistry studies, hematologic tests, quantitative serum immunoglobulin determinations, or thyroid function tests in 20 of the patients examined.
CC 004.01.05.00.00.
004.03.02.00.00.
013.19.03.00.00.
013.44.03.00.00.
030.20.03.00.00.
037.11.01.09.00. Drug Literature Index/ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics/Tetracyclines
038.27.00.00.00. Adverse Reactions Titles/ANTIBIOTICS
CT EMTAGS: digestive system (0935); skin, hair, nails and sweat glands (0980); drug comparison (0196); therapy (0160); adverse drug reaction (0198); intoxication (0302); nervous system (0910); oral drug administration (0181); human (0888); controlled study (0197); clinical article (0152)
Medical Descriptors:
*drug comparison
*pharmacotherapy
*drug efficacy
*adverse drug reaction
*drug safety
*gastrointestinal toxicity
*neurotoxicity
***acne vulgaris**
*minocycline
*gastrointestinal symptom
***tetracycline**
*headache
***vertigo**
*pruritus
therapy

L103 ANSWER 37 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.DUPLICATE 2
AN 82254972 EMBASE
TI The treatment of acne with an anti-androgen/oestrogen combination.
AU Mugglestone C.J.; Rhodes E.L.
CS Clin. Res., Schering Chem. Ltd., Burgess Hill, Sussex RH29 9NE, United Kingdom
SO CLIN. EXP. DERMATOL., (1982) 7/6 (593-598).
CODEN: CEDEDE
CY United Kingdom
LA English
AB A combination of the anti-androgenic progestroge, cyproterone acetate 2 mg, and ethinyl oestradiol 50 mg was found to be highly effective in the treatment of moderate and severe acne in young women. Apart from its actions in controlling acne, it is also an effective oral contraceptive with good cycle control, and as such is taken by the same well established cyclical regimen. Eighty-six

young female patients suffering from moderate to severe acne were treated for 6 months with either the combination alone, or with additional oral tetracycline on an open basis. Both treatments were equally highly effective with 85% of all patients showing moderate clinical iprovement or better. Twelve patients (14.0%) exhibited healing during the treatment period, eleven of these had moderately severe acne on recruitment. Drop-outs and side-effects were relatively common. Side-effects were of the type associated with an oestrogen-progestogen combination, such as cycle disturbance, breast tenderness, headaches and weight-gain.

CC 003.16.09.00.00.
007.27.00.00.00.
007.36.01.00.00.
013.19.03.00.00.
030.18.03.01.00.
030.18.03.02.00.
030.18.03.03.00.
030.29.00.00.00.
037.09.03.00.00. Drug Literature Index/HORMONES AND DRUGS AFFECTING ENDOCRINE SYSTEMS/Contraceptive drugs
037.09.04.02.00. //Sex hormones and analogs/Estrogens
037.09.04.03.00. ///Gestagens (progestational agents)
037.11.01.09.00. /ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics/Tetracyclines
038.41.02.00.00. Adverse Reactions Titles/HORMONES/Sex hormones, anabolic hormones and related drugs

CT EMTAGS: breast (0985); adverse drug reaction (0198); skin, hair, nails and sweat glands (0980); therapy (0160); oral drug administration (0181)
Medical Descriptors:
*cyproterone acetate
*ethinylestradiol
*migraine
*breakthrough bleeding
*depression
*headache
*weight gain
*breast pain
*fluid retention
***vertigo**
*chloasma
*adverse drug reaction
***acne**
*diane
*estrogen
*gestagen
***tetracycline**
medical treatment
therapy

CN Diane

L103 ANSWER 38 OF 59 BIOSIS COPYRIGHT 1998 BIOSIS
AN 83:26296 BIOSIS
DN BR24:26296
TI THE USE OF **ANTIBIOTICS** IN **ACNE** THERAPY
ORAL OR TROPICAL ADMINISTRATION?.
AU EADY E A; HOLLAND K T; CUNLIFFE W J
CS DEP. OF MICROBIOL., UNIV. OF LEEDS, LEEDS LS2 9JT, ENGLAND.
SO J ANTIMICROB CHEMOTHER 10 (2). 1982. 89-116. CODEN: JACHDX ISSN: 0305-7453
LA English
ST BACTERIA HUMAN **TETRACYCLINE** CLINDAMYCIN ERYTHROMYCIN CO-TRIMOXAZOLE ANTIBACTERIAL-DRUG **SIDE EFFECTS**
RN 60-54-8 (TETRACYCLINE)

114-07-8 (ERYTHROMYCIN)
8064-90-2 (CO-TRIMOXAZOLE)
18323-44-9 (CLINDAMYCIN)
CC Biochemical Studies-General 10060
Biochemical Studies-Nucleic Acids, Purines and Pyrimidines 10062
Biochemical Studies-Carbohydrates 10068
Pathology, General and Miscellaneous-Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous-Therapy 12512
Integumentary System-General; Methods 18501
Integumentary System-Pathology *18506
Dental and Oral Biology-General; Methods 19001
Pharmacology-Clinical Pharmacology *22005
Pharmacology-Integumentary System, Dental and Oral Biology *22020
Routes of Immunization, Infection and Therapy 22100
Toxicology-Pharmacological Toxicology 22504
Physiology and Biochemistry of Bacteria 31000
Medical and Clinical Microbiology-General; Methods and Techniques 36001
Medical and Clinical Microbiology-Bacteriology *36002
Chemotherapy-Antibacterial Agents *38504
BC Bacteria-Unspecified 04000
Hominidae 86215

L103 ANSWER 39 OF 59 BIOSIS COPYRIGHT 1998 BIOSIS
AN 83:158677 BIOSIS
DN BA75:8677
TI TOPICAL CLINDAMYCIN VS. SYSTEMIC **TETRACYCLINE** IN THE TREATMENT OF **ACNE**.
AU GRATTON D; RAYMOND G P; GUERTIN-LAROCHELLE S; MADDIN S W; LENECK C M; WARNER J; COLLINS J P; GAUDREAU P; BENDL B J
CS DEP. DERMATOL., ST. LUC HOSP., 1058 ST. DENIS, MONTREAL, QUE., CANADA H2X 3J4.
SO J AM ACAD DERMATOL 7 (1). 1982. 50-53. CODEN: JAADDB
LA English
AB In a multiclinic double-blind trial, 305 patients with moderate to severe **acne** vulgaris were treated with **oral tetracycline** hydrochloride, 250 mg (N:103), a 1% solution of clindamycin phosphate (N: 105) or placebo (N: 97) twice daily for 8 wk. The response to treatment was evaluated by lesion counts and overall clinical improvement at 2, 4, 6 and 8 wk. Topical clindamycin and **oral tetracycline** significantly reduced papule and pustule counts compared to placebo; they were rated significantly higher than placebo on the physician's and the patient's overall evaluation at the end of the treatment period. No serious side effects were reported with any of the study medications.
ST HUMAN PAPULE PUSTULE COUNTS PLACEBO **SIDE EFFECTS** ANTIBACTERIAL-DRUG
RN 60-54-8 (TETRACYCLINE)
18323-44-9 (CLINDAMYCIN)
CC Biochemical Studies-General 10060
Biochemical Studies-Carbohydrates 10068
Pathology, General and Miscellaneous-Diagnostic 12504
Pathology, General and Miscellaneous-Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous-Therapy 12512
Integumentary System-General; Methods 18501
Integumentary System-Anatomy 18502
Integumentary System-Physiology and Biochemistry 18504
Integumentary System-Pathology *18506
Dental and Oral Biology-General; Methods 19001
Pharmacology-Clinical Pharmacology *22005
Pharmacology-Integumentary System, Dental and Oral Biology *22020
Routes of Immunization, Infection and Therapy 22100

Toxicology-Pharmacological Toxicology 22504
Physiology and Biochemistry of Bacteria 31000
Medical and Clinical Microbiology-General; Methods and Techniques 36001
Medical and Clinical Microbiology-Bacteriology *36002
Chemotherapy-Antibacterial Agents *38504
BC Bacteria-Unspecified 04000
Proboscidea-Unspecified 86250

L103 ANSWER 40 OF 59 MEDLINE
AN 82034707 MEDLINE
DN 82034707
TI Drug allergy, an update.
AU VanArsdel P P Jr
SO MEDICAL CLINICS OF NORTH AMERICA, (1981 Sep) 65 (5) 1089-103. Ref: 33
Journal code: LU6. ISSN: 0025-7125.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198202
CT Check Tags: Human
Anaphylaxis: CI, chemically induced
Angioneurotic Edema: CI, chemically induced
Angioneurotic Edema: CO, complications
Anti-Infective Agents: AE, adverse effects
Antibiotics: AE, adverse effects
Carrier Proteins: IM, immunology
Dose-Response Relationship, Drug
*Drug Hypersensitivity: ET, etiology
Exanthema: CI, chemically induced
Hydrocortisone: AE, adverse effects
Mast Cells: SE, secretion
Peptides: IM, immunology
Proteins: IM, immunology
Serum Sickness: CI, chemically induced
Serum Sickness: CO, complications
Skin Tests
Tetracycline: AE, adverse effects
Urticaria: CI, chemically induced
Urticaria: CO, complications
RN 50-23-7 (Hydrocortisone); 60-54-8 (Tetracycline)
CN 0 (Anti-Infective Agents); 0 (Antibiotics); 0 (Carrier Proteins); 0 (Peptides)

L103 ANSWER 41 OF 59 MEDLINE
AN 81158819 MEDLINE
DN 81158819
TI [Effect on the heart of tetracycline series antibiotics and sulfanilamide preparations in influenza patients according to polycardiographic data].
Vliianie na serdtse antibiotikov tetratsiklinovogo riada i sulfanilamidnykh preparatov u bol'nykh grippom po dannym polikardiografii.
AU Bulatova N A
SO ANTIBIOTIKI, (1981 Jan) 26 (1) 69-72.
Journal code: 6GC. ISSN: 0003-5637.
CY USSR
DT Journal; Article; (JOURNAL ARTICLE)
LA Russian
FS Priority Journals
EM 198107

CT Check Tags: Female; Human; Male
Adolescence
Adult
Delayed-Action Preparations
Drug Therapy, Combination
Electrocardiography
*Heart: DE, drug effects
*Influenza: DT, drug therapy
Influenza: PP, physiopathology
Phonocardiography
***Sulfanilamides: AE, adverse effects**
Systole: DE, drug effects
***Tetracyclines: AE, adverse effects**
CN 0 (Delayed-Action Preparations); 0 (Sulfanilamides); 0 (Tetracyclines)

L103 ANSWER 42 OF 59 MEDLINE
AN 80174052 MEDLINE
DN 80174052
TI Yellow lunulae with fluorescence after tetracycline therapy.
AU Hendricks A A
SO ARCHIVES OF DERMATOLOGY, (1980 Apr) 116 (4) 438-40.
Journal code: 6WU. ISSN: 0003-987X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198008
AB Yellow lunulae with yellow fluorescence under Wood's lamp examination developed in a patient treated with a high-dose tetracycline hydrochloride regimen for cystic acne after one month of therapy. The clinical findings in other causes of yellow nail pigmentation are reviewed. The Wood's lamp examination is useful in distinguishing tetracycline-induced yellow nails from other causes of yellow nail pigmentation and may be helpful in determining patient compliance with tetracycline hydrochloride regimens of 1 g or more daily.
CT Check Tags: Case Report; Human; Male
Acne Vulgaris: DT, drug therapy
Adult
Dose-Response Relationship, Drug
*Nail Diseases: CI, chemically induced
Patient Compliance
*Pigmentation Disorders: CI, chemically induced
Tetracycline: AD, administration & dosage
***Tetracycline: AE, adverse effects**
RN 60-54-8 (Tetracycline)

L103 ANSWER 43 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 79-85878B [47] WPIDS
TI Improved feeds for increased feed utilisation efficiency in ruminants - contg. antibiotic A7413 complex or its components or derivs..
DC B04 C03 D16
IN HAMILL, R L; STARK, W M
PA (ELIL) LILLY & CO ELI
CYC 1
PI US 4174390 A 791113 (7947)*
PRAI US 76-655670 760204; US 76-737456 761101; US 77-766306 770207; US 78-932833 780811
IC A61K035-00
AB US 4174390 A UPAB: 930901
Fee utilisation efficiency in ruminants is increased by **oral** admin. of **Antibiotic** A-7413 complex obtd. by cultivation

of Actinoplanes sp. NRRL 8122. Alternatively A-7413 factors A, B or C; or the Me ester deriv., or acetyl or triacetyl derivs. or bis(mercaptoacetic acid) deriv. of factor A; or their salts, may be used in place of the complex.

The Antibiotic complex and the separate factors and their derivs. and salts belong to the thiostrepton family; they are antimicrobials esp. effective against Gram-positive bacteria and partic. against strains resistant to other antibiotics. They also inhibit Propionibacterium acens, which is associated with **acne**, and various oral bacteria associated with periodontal disease and plaque formation. They improve feed utilisation efficiency in animals and are growth promoters for poultry. Included in ruminant feeds to provide 0.05-10 mg./kg. daily.

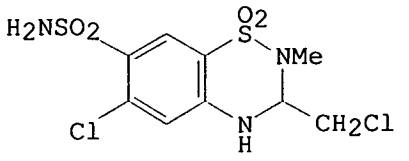
FS CPI
FA AB
MC CPI: B02-Z; B04-B02B; B12-A07; B12-L03; B12-L09; C02-Z; C04-B02B; C12-A07; C12-L03; C12-L09; D03-G01; D05-C02

L103 ANSWER 44 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 77-19875Y [11] WPIDS
TI Stable topical **tetracycline** compsns. esp. for treating **acne** - with dialkylated mono- or poly-alkylene glycol vehicle.
DC A25 A96 B05
PA (SYNT) SYNTEX (USA)
CYC 1
PI US 4011313 A 770308 (7711)*
PRAI US 72-313431 721208; US 73-413965 731108; US 74-477227 740607; US 75-623871 751017
IC A61K031-08
AB US 4011313 A UPAB: 930901
Antibiotic compsn. comprises (A) a **tetracycline** or one of its salts and (B) a glycol of formula (I): R(O-CHR2-(CH2)m)nOr1 (I) (where R and R1 are 1-6C alkyl, R2 is H or 1-6C alkyl; m is 1-6; and n is an integer such that the glycol has a mol. wt. up to 20,000). The compsn. contains <5% water and is free from peroxides and other oxidn. prods.

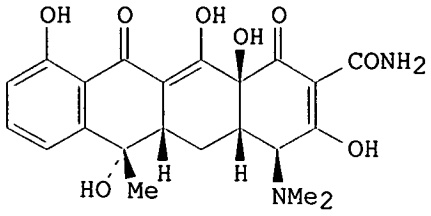
Used in chemically stable topical prepns., the potency of the antibiotic being retained on prolonged storage. The compsns. have good antibiotic **release** and skin penetration characteristics, and are esp. useful for controlling **acne**; the antibiotic may be replaced by any other therapeutic agent.

FS CPI
FA AB
MC CPI: A05-H01; A10-E08A; A10-E08B; A12-V01; B02-T; B04-C03C; B10-H01; B12-A02; B12-A07; B12-C02; B12-D01; B12-D06; B12-M06

L103 ANSWER 45 OF 59 HCAPLUS COPYRIGHT 1998 ACS
AN 1977:133788 HCAPLUS
DN 86:133788
TI Treatment of acne vulgaris
IN Skillern, Scott D.
PA Van Aman, Robert H., USA
SO U.S., 2 pp.
CODEN: USXXAM
PI US 4005198 770125
AI US 75-612686 750912
DT Patent
LA English
IC A61K031-65
NCL 424227000
CC 1-6 (Pharmacodynamics)
GI



I



II

AB The combination of a bidaily **oral dosage** of 2.5-5.0 mg methyclothiazide (I) [135-07-9] and a concurrent daily oral administration of 250 mg **tetracycline** (II) [60-54-8] controlled **acne** vulgaris grades 1, 11/2, and 2 in 90-95% of all patients tested.
ST methyclothiazide **tetracycline acne** vulgaris
IT **Acne**
(vulgaris, methyclothiazide and **tetracycline** for treatment of)
IT 60-54-8
RL: BIOL (Biological study)
(acne treatment with methyclothiazide and)
IT 135-07-9
RL: BIOL (Biological study)
(**acne** treatment with **tetracycline** and)

L103 ANSWER 46 OF 59 MEDLINE
AN 78038821 MEDLINE
DN 78038821
TI Side effects of minocycline: different dosage regimens.
AU Gump D W; Ashikaga T; Fink T J; Radin A M
SO ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1977 Nov) 12 (5) 642-6.
Journal code: 6HK. ISSN: 0066-4804.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
EM 197802
CT Check Tags: Female; Human
Adolescence
Adult
Body Surface Area
Dissociative Disorders: DE, drug effects
Double-Blind Method
*Drug Administration Schedule
Minocycline: AD, administration & dosage
***Minocycline: AE, adverse effects**
Nausea: CI, chemically induced
Sex Factors
***Tetracyclines: AE, adverse effects**
Vestibule: DE, drug effects

L103 ANSWER 47 OF 59 BIOSIS COPYRIGHT 1998 BIOSIS
AN 78:148400 BIOSIS
DN BA65:35400
TI A DOUBLE-BLIND STUDY OF THE EFFECT OF ZINC AND OXYTETRACYCLINE IN **ACNE** VULGARIS.
AU MICHAELSSON G; JUHLIN L; LJUNGHALL K
CS DEP. DERMATOL., UNIV. HOSP., 750 14 UPPSALA, SWED.
SO BR J DERMATOL 97 (5). 1977 561-566. CODEN: BJDEAZ ISSN: 0007-0963
LA English

AB With a double-blind technique, the effects of **oral** zinc and **tetracyclines** were compared in 37 patients with moderate and severe **acne**. No difference in effect between the treatments was seen and no side-effects were noted in any group. After 12 wk of treatment, the average decrease in the **acne** score was about 70% in both groups.
ST HUMAN ANTI INFECT-DRUG DERMATOL-DRUGS **SIDE EFFECTS**
RN 79-57-2 (OXYTETRACYCLINE)
7440-66-6 (ZINC)
CC Biochemical Studies-General 10060
Biochemical Studies-Minerals 10069
Pathology, General and Miscellaneous-Inflammation and Inflammatory Disease 12508
Integumentary System-Pathology *18506
Dental and Oral Biology-General; Methods 19001
Pharmacology-Integumentary System, Dental and Oral Biology *22020
Routes of Immunization, Infection and Therapy 22100
Toxicology-Pharmacological Toxicology *22504
Medical and Clinical Microbiology-Bacteriology *36002
Chemotherapy-Antibacterial Agents *38504
BC Bacteria-Unspecified 06000
Hominidae 86215

L103 ANSWER 48 OF 59 MEDLINE
AN 76230420 MEDLINE
DN 76230420
TI Topical use of tetracycline in the treatment of acne: a double-blind study comparing topical and oral tetracycline therapy and placebo.
AU Blaney D J; Cook C H
SO ARCHIVES OF DERMATOLOGY, (1976 Jul) 112 (7) 971-3.
Journal code: 6WU. ISSN: 0003-987X.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 197610
AB A group of 75 subjects with moderate or severe acne was divided by random selection into three treatment groups. One group was treated with a topically applied placebo liquid and with 500 mg of orally administered tetracycline hydrochloride daily; one group received orally administered lactose capsules and topically applied placebo liquid each day; and one group was treated with orally administered lactose capsules and with a topical preparation containing tetracycline hydrochloride and n-decylmethyl sulfoxide, an agent intended to enhance antibiotic penetration. At the conclusion of the 13-week study and at several points during the study, the conditions of the subjects receiving topically or orally administered tetracycline hydrochloride were significantly (P less than .05) more improved than the conditions of the subjects receiving lactose capsules and the topically applied placebo liquid. However, there was no significant difference between the effects of topically and orally administered tetracycline hydrochloride.
CT Check Tags: Clinical Trials; Female; Human; Male
***Acne Vulgaris: DT, drug therapy**
Administration, Oral
Administration, Topical
Adolescence
Adult
Child
Dose-Response Relationship, Drug
Remission, Spontaneous
***Tetracycline: TU, therapeutic use**

L103 ANSWER 49 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 77045197 EMBASE
TI Minocycline in acne vulgaris: a double blind study.
AU Hersle K.; Gisslen H.
CS Dermatol. Dept., Med. Cent., Lundby, Sweden
SO CURR.THER.RES., (1976) 19/3 (339-342).
CODEN: CTCEA
LA English
AB A double blind crossover trial of the effect of minocycline and placebo was carried out on 43 patients with acne vulgaris. The dose of minocycline was 200 mg daily for 7 days and then 100 mg (one tablet) daily. The active preparation and the placebo were given for 5 wk. After this time the group initially given the active preparation was given the placebo and vice versa. The acne lesions were classified in different grades of severity and counted before and after each treatment period to get a reasonably objective assessment. With the method employed there was a statistically significant difference between the active drug and the placebo.
CC 013.19.03.00.00.
013.44.03.00.00.
030.20.03.00.00.
030.29.00.00.00.
037.11.01.09.00. Drug Literature Index/ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics/Tetracyclines
037.38.00.00.00. /PLACEBOS
038.27.00.00.00. Adverse Reactions Titles/ANTIBIOTICS
CT EMTAGS: therapy (0160); oral drug administration (0181); drug comparison (0196)
Medical Descriptors:
*urticaria
***vertigo**
*minocycline
***acne vulgaris**
*pharmacotherapy
*drug comparison
*adverse drug reaction
*placebo
***tetracycline**
CN Minocin
CO Lederle; Cyanamid (Sweden)

L103 ANSWER 50 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 77060095 EMBASE
TI Tetracycline toxicity presenting as a multisystem disease.
AU Fox S.A.; Berenyi M.R.; Straus B.
CS Dept. Med., Beth Israel Med. Cent., New York, N.Y. 10003, United States
SO MT SINAI J.MED., (1976) 43/2 (129-135).
CODEN: MSJMAZ
LA English
CC 006.03.02.00.00.
006.04.01.00.00.
006.13.01.00.00.
006.15.01.00.00.
030.20.03.00.00.
030.32.00.00.00.
037.11.01.09.00. Drug Literature Index/ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics/Tetracyclines
038.27.00.00.00. Adverse Reactions Titles/ANTIBIOTICS
CT EMTAGS: major clinical study (0150); therapy (0160); oral drug administration (0181)
Medical Descriptors:
***vertigo**

*anorexia
*nausea
*myalgia
*diarrhea
***tetracycline**
*anemia
*kidney failure
*liver toxicity
*neurotoxicity
*adverse drug reaction
*clinical study
***acne**
*pharmacotherapy
*drug toxicity
CO Lederle

L103 ANSWER 51 OF 59 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
AN 77015058 EMBASE
TI [Which antibiotics are beneficial in acne?].
WELCHE ANTIBIOTIKA HELFEN BEI AKNE?.
AU Kurka M.; Orfanos C.E.
CS Univ. Hautklin., Koln, Germany, Federal Republic of
SO Z.HAUTKR., (1976) 51/2 (45-54).
CODEN: ZHKRAJ
LA German
CC 037.11.01.03.00. Drug Literature Index/ANTIINFECTIVE AGENTS/Chemotherapeutic agents and antibiotics/Sulfonamides
037.11.01.05.00. ///Beta-lactam antibiotics
037.11.01.06.00. ///Chloramphenicol and analogs
037.11.01.07.00. ///Macrolides
037.11.01.08.00. ///Aminoglycoside antibiotics
037.11.01.09.00. ///Tetracyclines
037.20.00.00.00. /DRUGS AFFECTING SKIN AND MUCOUS MEMBRANES
038.27.00.00.00. Adverse Reactions Titles/ANTIBIOTICS
CT EMTAGS: therapy (0160); oral drug administration (0181)
Medical Descriptors:
***vertigo**
*vomiting
*fatigue
*headache
*diarrhea
*anorexia
*photosensitization
*minocycline
*giddiness
***acne**
*drug comparison
*bacterial resistance
*pharmacotherapy
*adverse drug reaction
*chlortetracycline
*oxytetracycline
***tetracycline**
*doxycycline
*norchlortetracycline
*metadrenalin
*sulfanilamide derivative
*penicillin g
*streptomycin
*chloramphenicol
*erythromycin
*oleandomycin
*cotrimoxazole
*clindomycin

*cosmetic agent
CN Ledermycin; Klinomycin; Achromycin; Aureomycin; Rondomycin; Oleandomycin; Bactrim; Sobelin

L103 ANSWER 52 OF 59 MEDLINE
AN 76135653 MEDLINE
DN 76135653
TI [On the influence of a special preparation of oxytetracycline and sodiumbituminosulfonates on amount and composition of skin surface lipids in acne vulgaris (author's transl)].
Uber den Einfluss einer speziellen Zubereitung von Oxytetracyclin und Natriumbituminosulfonaten auf Menge und Zusammensetzung der Hautoberflachenlipide bei acne vulgaris.
AU Gloor M; Josephs H; Friederich H C
SO ARZNEIMITTEL-FORSCHUNG, (1975) 25 (12) 1944-7.
Journal code: 91U. ISSN: 0004-4172.
CY GERMANY, WEST: Germany, Federal Republic of
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 197606
AB Two groups of 27 and 23 patients with acne vulgaris were first treated for a period of one week with 1 g oxytetracycline a day p.o. In a second treatment period of 6 weeks the first group received 100 mg oxytetracycline a day p.o. and the second group a combination of 100 mg oxytetracycline and 1.2 g sodiumbituminosulfonates a day p.o. In the third treatment period, similarly continued for 6 weeks, the method was reversed. Gastric juice-insoluble preparations were used for the investigation. All criteria for a double-blind study were considered. Amount and composition of the skin surface lipids were analysed before beginning the treatment, at the end of the 2nd and at the end of the 3rd treatment period. The combination of both agents in gastric juice-insoluble preparations suppresses to a great extent the known effects brought about by the substances separately, namely the reduction in free fatty acids and the decrease in the skin surface lipids. The findings also show that the reduction of the free fatty acids was in a limited time observed only in patients treated with 100 mg oxytetracycline a day p.o. if they had been treated in the beginning of this therapy with a higher dosage of tetracycline.
CT Check Tags: Clinical Trials; Female; Human; Male
***Acne Vulgaris: DT, drug therapy**
Administration, Oral
Adolescence
Adult
*Dermatologic Agents: PD, pharmacology
Drug Combinations
Drug Interactions
English Abstract
Fatty Acids, Nonesterified: ME, metabolism
Intestinal Absorption
Lipids: ME, metabolism
***Oxytetracycline: PD, pharmacology**
Skin: DE, drug effects
Skin: ME, metabolism
Tablets, Enteric-Coated

L103 ANSWER 53 OF 59 MEDLINE
AN 75147796 MEDLINE
DN 75147796
TI Trial of sustained-release tetracycline in the treatment of gonorrhoea.

AU Silver P S
SO BRITISH JOURNAL OF VENEREAL DISEASES, (1975 Feb) 51 (1) 48-50.
Journal code: B40. ISSN: 0007-134X.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197509
AB A trial of Sustamycin, a sustained-release preparation of tetracycline hydrochloride, in uncomplicated gonorrhoea in sixty males is described, Each patient was given an initial dose of 500 mg. followed by 250 mg. twice daily for 5 days. Of the 57 patients who attended for follow-up 47 (82-5 per cent.) were cured. There were no adverse reactions.
CT Check Tags: Clinical Trials; Human; Male
Adolescence
Adult
Delayed-Action Preparations
*Gonorrhea: DT, drug therapy
Microbial Sensitivity Tests
Middle Age
Neisseria gonorrhoeae: DE, drug effects
Penicillins: PD, pharmacology
Streptomycin: PD, pharmacology
***Tetracycline: AD, administration & dosage**
Tetracycline: AE, adverse effects
Tetracycline: PD, pharmacology
Tetracycline: TU, therapeutic use

L103 ANSWER 54 OF 59 MEDLINE
AN 75023914 MEDLINE
DN 75023914
TI Letter: Minocycline: possible **vestibular** side-effects.
AU Pines A
SO LANCET, (1974 Oct 26) 2 (7887) 1014.
Journal code: L0S. ISSN: 0140-6736.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 197502
CT Check Tags: Clinical Trials; Comparative Study; Human
Drug Tolerance
Minocycline: AD, administration & dosage
***Minocycline: AE, adverse effects**
Minocycline: PD, pharmacology
Tetracycline: AD, administration & dosage
***Tetracycline: AE, adverse effects**
*Vertigo: CI, chemically induced
***Vestibule: DE, drug effects**

L103 ANSWER 55 OF 59 MEDLINE
AN 76009353 MEDLINE
DN 76009353
TI Minocycline: Possible **vestibular** side-effects.
AU Williams D N; Laughlin L W; Lee Y H
SO LANCET, (1974 Sep 28) 2 (7883) 744-6.
Journal code: L0S. ISSN: 0140-6736.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 197601
CT Check Tags: Case Report; Female; Human; Male
Adult
Aged
Bacteriuria: DT, drug therapy
*Labyrinth Diseases: CI, chemically induced
Meningococcal Infections: PC, prevention & control
Middle Age
Minocycline: AD, administration & dosage
***Minocycline: AE, adverse effects**
Minocycline: TU, therapeutic use
Tetracycline: AD, administration & dosage
Tetracycline: TU, therapeutic use
***Tetracyclines: AE, adverse effects**

L103 ANSWER 56 OF 59 MEDLINE DUPLICATE 3
AN 75176721 MEDLINE
DN 75176721
TI A sustained-release tetracycline preparation in acne vulgaris.
AU Lim C C; Presbury D G; Adamson J
SO PRACTITIONER, (1974 May) 212 (1271) 728-31.
Journal code: PHQ. ISSN: 0032-6518.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197510
CT Check Tags: Clinical Trials; Female; Human; Male
***Acne Vulgaris: DT, drug therapy**
Administration, Oral
Adult
Delayed-Action Preparations
Follow-Up Studies
***Tetracycline: AD, administration & dosage**
Tetracycline: PD, pharmacology
Tetracycline: TU, therapeutic use

ordered

L103 ANSWER 57 OF 59 MEDLINE
AN 75035283 MEDLINE
DN 75035283
TI [Prevention and treatment of complications caused by the use of antibiotics (literature survey)].
Profilaktika i lechenie oslozhnenii, vyzvannykh primeneniem antibiotikov (obzor literatury).
AU Gostishchev V K; Tolstykh P I
SO VRACHEBNOE DELO, (1974) 0 (7) 13-8. Ref: 124
Journal code: XLS. ISSN: 0049-6804.
CY USSR
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA Russian
EM 197502
CT Check Tags: Female; Human
Anaphylaxis: CI, chemically induced
*Antibiotics: AE, adverse effects
Antibiotics: TU, therapeutic use
Dose-Response Relationship, Drug
Drug Hypersensitivity: DI, diagnosis
Drug Hypersensitivity: EP, epidemiology
Fetal Diseases: CI, chemically induced
Gastrointestinal Diseases: CI, chemically induced

Hearing Disorders: CI, chemically induced
Hematologic Diseases: CI, chemically induced
Injections, Intramuscular
Injections, Intravenous
Kidney Diseases: CI, chemically induced
Neomycin: AE, adverse effects
Nervous System Diseases: CI, chemically induced
Neuromuscular Diseases: CI, chemically induced
Novobiocin: AE, adverse effects
Penicillins: AD, administration & dosage
Penicillins: AE, adverse effects
Pregnancy
Psychoses, Substance-Induced: EP, epidemiology
Serum Sickness: EP, epidemiology
Streptomycin: AE, adverse effects
Tetracycline: AE, adverse effects
Vision Disorders: CI, chemically induced

L103 ANSWER 58 OF 59 MEDLINE
AN 74028332 MEDLINE
DN 74028332
TI Demeclocycline-induced nephrogenic diabetes insipidus. In-vivo and in-vitro studies.
AU Singer I; Rotenberg D
SO ANNALS OF INTERNAL MEDICINE, (1973 Nov) 79 (5) 679-83.
Journal code: 5A6. ISSN: 0003-4819.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 197402
CT Check Tags: Animal; Human; In Vitro
Acne Vulgaris: DT, drug therapy
Anura
Bladder: DE, drug effects
Bladder: PH, physiology
Cyclic AMP: AI, antagonists & inhibitors
Demeclocycline: AD, administration & dosage
***Demeclocycline: AE, adverse effects**
Demeclocycline: TU, therapeutic use
*Diabetes Insipidus: CI, chemically induced
Dose-Response Relationship, Drug
Osmosis
Vasopressins: PH, physiology

L103 ANSWER 59 OF 59 WPIDS COPYRIGHT 1998 DERWENT INFORMATION LTD
AN 72-06189T [04] WPIDS
TI Macrolide **antibiotics** - for **oral acne** treatment.
DC B04
PA (SCMD) SCHMID INC JULIUS
CYC 1
PI US 3629403 A (7204)*
PRAI US 69-803994 690303
IC A61K021-00
AB US 3629403 A UPAB: 930000
Macrolide **antibiotics** - for **oral acne** treatment. Cpds. used are candicidin, amphotericin B, fungi-mycin, hamycin and trichomycin, which are administered as capsules or enteric tablets.
FS CPI
FA AB

MC CPI: B02-Z; B12-A07; B12-G04; B12-K03